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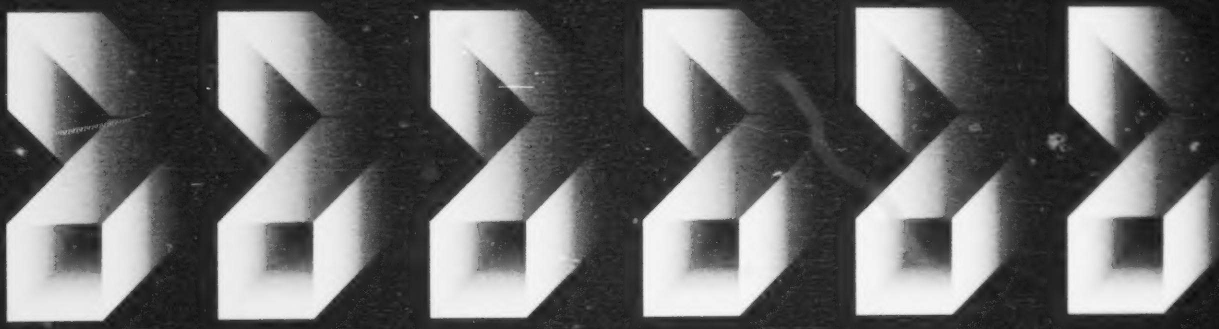

Evaluation of the Division of Aging and Seniors/Seniors Strategy Revised Second Interim Report

October 1996

Canada

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Evaluation of the Division of Aging and Seniors/Seniors Strategy

Revised Second Interim Report

October 15, 1996

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TABLE OF CONTENTS

1 INTRODUCTION 1

2 FILE REVIEW 3

- 2.1 Methodology 3
- 2.2 Seniors Independence Research Program 4
- 2.3 National Advisory Council on Aging (NACA) 14
- 2.4 Internal Projects 26

3 KEY INFORMANT INTERVIEWS 41

- 3.1 Methodology 41
- 3.2 Central Agencies 48
- 3.3 Health Canada Personnel 52
- 3.4 Interdepartmental Committee on Seniors Issues 68
- 3.5 National Advisory Council on Aging 72
- 3.6 Provincial/Territorial Government Representatives 79
- 3.7 Stakeholders 90
- 3.8 Funding Recipients 115
- 3.9 Non-Funded Applicants 125

4 SURVEYS 133

- 4.1 Methodology 133
- 4.2 Survey of Intended Beneficiaries 143
- 4.3 Survey of General Public Clients 163
- 4.4 Comparisons Between Intended Beneficiaries and General Public and Clients 181

APPENDICES:

APPENDIX A: ABBREVIATIONS
APPENDIX B: INTERVIEW GUIDES
APPENDIX C: STAKEHOLDER ORGANIZATIONS INTERVIEWED
APPENDIX D: LETTER TO PROJECT SPONSORS
APPENDIX E: SURVEY INSTRUMENTS
APPENDIX F: SURVEY MARGINALS

CHAPTER 1

INTRODUCTION

This document is the Second Interim Report submitted as part of the Evaluation of the Division of Aging and Seniors/Seniors Strategy. It is organized into three additional chapters. Each chapter summarizes the findings from a different data collection method:

- ☐ the file review findings (for SIRP, NACA and internal files) are presented in Chapter 2;
- ☐ interview findings, organized by interview type (e.g., Health Canada personnel, stakeholders) and study issue, are presented in Chapter 3; and
- ☐ survey findings for both the survey of intended beneficiaries and the survey of general public clients are presented in Chapter 4.

It is crucial for the reader to recognize that this report is only a presentation of findings to provide an early indication of some of the raw results of the work of the last few months — no analysis or integration of the results has been done at this time. Integrated findings will be presented in the First Draft of the Final Report scheduled to be submitted on October 18.

CHAPTER

2

FILE REVIEW

2.1 Methodology

The purpose of the project file review was to provide qualitative and quantitative data on the activities and outputs of the projects within each program element. Projects were sampled from all four of the DAS/S' program elements. As the review of the Seniors Community Funding Program's projects was presented in the First Interim Report, only the review of projects funded by the Seniors Independence Research Program (SIRP), the National Advisory Council on Aging (NACA) and Internal Projects will be presented in this report. The breakdown of the project files reviewed by year as well as information on the number of projects sampled as well as the total population of projects is presented within the sections pertaining to each program.

The overall sampling distribution for the file review was not based on any kind of proportionate strategy as that would have resulted in an unbalanced set of numbers for drawing conclusions. For example, if a proportionate strategy had been used, of the 350 project files reviewed, 297 would have had to come from New

Horizons, nine from New Horizons: Partners in Aging (NH:PA), 18 from the Seniors Independence Program (SIP), two from Ventures, six from NACA, eight from the Seniors Independence Research Program (SIRP) and ten from internal projects. This means that for the majority of programs (in fact, for all but New Horizons) there would not have been enough of a critical mass to analyze or draw conclusions. Rather, numbers were chosen to allow a sufficient mass within each cell as well as to place the bulk of the projects within the New Horizons category as this is where they are most numerous. This breakdown will allow us to speak in general terms about each of the individual types of projects.

In order to facilitate the collection of data, a data collection form was developed (see Appendix B — First Interim Report). The design of the data collection form was based on a careful review of all the evaluation issues and indicators which were proposed to address each of the evaluation issues. This clear and precise specification of the types of information to be collected was critical to ensure that the appropriate data were collected and the file review collected similar information, to the extent possible, across all program elements. In order to make the analysis of the information easier and to save time, the guide was put into the Computer Assisted Telephone Interviewer (CATI) program, meaning that a data base was automatically created as the information was entered.

For more detailed information on the data collection process including definitions and caveats, please see Chapter 5 of the First Interim Report.

2.2 Seniors Independence Research Program

The Seniors Independence Research Program (SIRP) was first introduced as part of the initial five-year Seniors Initiative announced in February 1988. While the coordination of this program is provided by the Division of Aging and Seniors, the administration of its contributions are handled by the National Health Research and Development Program (NHRDP). The purpose of the Seniors Independence Research Program is:

> *to strengthen national research with a balanced emphasis on social, economic and health determinants of independence for both today's and tomorrow's seniors.*

There was a total of 110 projects funded by SIRP between 1991 and 1996 of which 30 projects were sampled and reviewed. Of the 30 projects reviewed, 21 were completed and nine are still ongoing. The average duration of the projects is 19 months, and ranges from less than a month to 84 months. It is important to keep in mind the small size of the sample when reviewing the findings presented in this section. Due to the small size of the sample, small percentages only reflect the findings of a small number of projects (e.g., in some cases three per cent only represents one project). This makes it difficult to draw conclusions as one project could be a unique case.

The majority of SIRP funded projects are focused around the issue of health and well-being. As Table 2.1 indicates, 71 per cent of all project files reviewed reported to have as at least part of their focus the health and well-being of seniors. Comparatively, 23 per cent indicated addressing independence, seven per cent indicated addressing attitudes towards aging and three per cent indicated addressing barriers to participation in society. With respect to the projects addressing health and well-being, 23 per cent focused on chronic illnesses, 23 per cent focused on dementia and 10 per cent had the physical well-being of seniors as their focus. As will be noted from the table, there are a number of projects which indicated addressing other needs[1]. Examples of these other needs include:

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[1] As projects can address more than one need, the percentages presented will not equal 100.

- ☐ the need to develop acceptable and workable policies tailored to the social, political and economic environment of the 1990s;
- ☐ the need for information on the broad use of medication by seniors;
- ☐ the need to translate research findings into practice; and
- ☐ the need to accurately capture the cost of informal care.

TABLE 2.1
Needs Addressed by Project Funded by the Seniors Independence Research Program

Needs	Percentage of Projects
Health and well-being	71 (n=21)
Independence	23 (n=7)
Attitudes towards aging	7 (n=2)
Barriers to participation in society	3 (n=1)
Other	40 (n=12)
n (total)	30

For the purpose of this file review, target group has been defined as those people who are the ultimate beneficiaries of the project, that is, the group whose needs the project was/is attempting to address. The primary target group of SIRP funded projects is seniors at risk[2] (63 per cent) over either seniors in general (43 per cent) or other target groups (17 per cent) (see Table 2.2). Of the seniors at risk that were being targeted, seniors who were chronically ill or suffering from recurring health problems or are perceived to be potentially at risk for these health problems received the most attention (39 per cent) followed by seniors suffering from or who are potentially at risk of suffering from dementia (33 per cent). In addition to seniors at risk and seniors in general, there were other groups of seniors that were the intended beneficiaries of SIRP funded projects. Examples of some of these other groups include caregivers and individuals between the ages of 50 and 65.

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[2] While the SIRP program is not targeted towards seniors "at risk", the (potential) conceptual rapproachment between loss of independence and at risk results in many projects targeting this group.

TABLE 2.2[3]
Target Group and Clients of Projects Funded by the Seniors Independence Research Program

	Percentage of Projects
Target Group	
Seniors in general	43 (n=13)
Seniors at risk	63 (n=19)
Other groups	17 (n=5)
n (total)	30
Clients	
Seniors in general	20 (n=6)
Seniors at risk	17 (n=5)
Other groups of seniors	13 (n=4)
Other groups	93 (n=28)
n (total)	30

Table 2.2 also presents information on clients of SIRP funded projects. Clients, for the purpose of this file review, were considered to be those people who would benefit from the project but were not necessarily the target group. As this table clearly shows, individuals or groups other than seniors are the primary clients of SIRP

funded projects (93 per cent). In comparison, seniors in general are clients in 20 per cent of the projects, seniors at risk are clients in 16 per cent and other groups of seniors are clients in 13 per cent of the projects. Given the nature and objectives of the SIRP program (e.g., to encourage multidisciplinary research, to further study Alzheimer's disease and other dementias), this finding is not surprising. One would expect that the primary clients of the type of activity carried out under the SIRP would be other researchers or universities, for example. A breakdown of this "other" group shows that independent researchers[4] were the primary clients of the reviewed SIRP funded projects (66 per cent), followed by universities (46 per cent), Centres of Gerontology (39 per cent), international clients[5] (35 per cent) and provinces/territories (29 per cent). As it was not always clear whether the researchers indicated in the files were independent researchers or researchers associated with universities or Centres of Gerontology, some double counting of these categories may have occurred in attempts to be comprehensive in the coding.

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[3] As projects can target more than one group, the percentages presented will not equal 100.

There were five primary activities in the SIRP funded project files reviewed for this study. These activities were:

- ☐ research — 32 per cent;
- ☐ knowledge development[6] — 26 per cent;
- ☐ dissemination of information — 15 per cent;
- ☐ workshops — 13 per cent; and
- ☐ conferences — seven per cent.

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[4] Independent researchers are "other" researchers outside of the immediate project which the file indicated would benefit from the results of the current project.

[5] International clients were not specifically identified.

[6] Research was considered to contribute to knowledge development when it increased researchers' knowledge in a particular area (e.g., Alzheimers). Research projects which, for example, were aimed at providing seniors with information or increasing accessibility of health options for seniors were not considered to be knowledge development.

Seventy-seven per cent of all the SIRP funded projects reviewed clearly indicated being innovative, with 53 per cent of all the SIRP funded projects reviewed indicating being innovative in at least one way and 20 per cent indicating being innovative in two ways. Of these projects, 70 per cent indicated being innovative by developing and synthesizing new knowledge. A more specific breakdown is as follows:

- ☐ four projects indicated being innovative by utilizing a new approach (e.g., a nation-wide study);
- ☐ four projects address a new issue (e.g., frail elderly use of prescribed community health care services on discharge from an in-hospital acute-care geriatrics ward such as a referral to the psychogeriatric clinic);
- ☐ two projects bring together different stakeholders (e.g., physicians and neuropsychologists); and
- ☐ twenty-one projects have/will develop and synthesize new knowledge (e.g., knowledge regarding medical management of prescription drugs).

It is important to note that unless it was specifically stated that a project was either innovative in some way or it was clear to the reviewer that the project was either innovative or not, these questions were coded as "information not in file". Consequently, as the extent to which projects were coded as innovative depended on the reporting of this information in the files, innovation may have been underestimated.

The amount of money received or committed to the Seniors Independence Research Program's funded projects varied substantially and ranged from $3,079 to $4,996,674, with the average amount received being $405,994. As projects funded under the SIRP include one- or two-day conferences to multi-year projects, this range in funding would have been expected. Information on funding received from partners was provided in only one file (this amount was $1,410,000).

While partnership development is not an objective of SIRP, some of the SIRP priorities are in this vein and tend to be pursued via SIRP "internal" projects. Unfortunately, there was very little information provided on partnerships in the file documents reviewed for this study component (i.e., applications, proposals, reports). In fact, very few of the project files reviewed indicated having developed partners[7].

It is the feeling of the analysts, however, that, based on information obtained during interviews, there are more projects with partners than indicated in the file review. In an interview with one SIRP recipient, for example, partnerships were described that were not recorded in the file. As this knowledge was known at the time of the actual review of that file, it has been incorporated into the review, despite the fact that information was not on the actual file. Partnerships with other groups/organizations/agencies were reported in a third of the SIRP funded projects reviewed. Of the 10 projects which reported partnerships, partnerships were more likely to be formed with independent researchers (50 per cent or five projects) than with anyone else. Next to independent researchers, partnerships with provincial/territorial government, regional NGOs, seniors organizations, and business were the most common (all at 30 per cent or three projects), followed by partnerships with national NGOs, universities and other groups (all at 20 per cent or two projects).

The nature of the partnerships is presented in Table 2.3. As the cell sizes were very small, the purpose of this table is merely to give the reader an overall sense of with whom or what types of organizations partnerships tend to be developed and in what capacity. The percentage breakdown was determined using the SPSS statistical software package. The percentage breakdowns may appear confusing (e.g., 20 per cent of 3 projects equals .6 projects) as a result of instances where one partner may have been involved in a project in more than one capacity (e.g., joint-decision making and human resources). As the table clearly shows, partnerships tended to involve joint-decision making and human resources followed by financial contributions and advice. Of note is the large number of projects for which information on partnerships was not in the project files. It should also be pointed out that, through interviews, analysts became aware that partnerships were sometimes developed with individuals and groups of people whom had never worked together before. This information, however, was not available in the files.

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[7] Partnership development does not include partnership with Health Canada's funding program.

Despite the fact that nine of the projects were ongoing, outputs were noted for all but three of the projects. The most often reported output was research reports (48 per cent). This was followed in frequency by publications (e.g., articles) and workshops (both reported as outputs in 22 per cent of projects), and other outputs (14 per cent). Other outputs include, for example, conferences and a collaboration amongst researchers and clinicians being developed.

Information in the files indicates that new projects have been created due to four SIRP funded project activities. These new projects are all research related. There was also extremely limited information in the files on impacts and effects. This is not surprising given that the nature of final reports produced on research projects, for example, would focus on the immediate results of that project. We would also not expect the impacts and effects of these types of projects to be so immediate as to be reportable in a final report.

TABLE 2.3
Partnerships
(n=10)

Type	% Projects	New Partnership	Joint-decision making	Advisory Body	Shared Facilities	Financial Contributions	In-Kind Contributions	Materials	Human Resources	Other	Information not in file
Federal gov't	10 (n=1)	-	-	-	-	-	-	33%	33%	-	33%
Provincial gov't	30 (n=3)	-	-	-	-	33%	-	-	-	-	67%
National NGOs	20 (n=2)	-	-	-	-	50%	-	-	-	-	50%
Regional NGOs	30 (n=3)	-	20%	20%	-	-	-	-	20%	-	40%
Local NGOs	10 (n=1)	-	-	-	-	-	-	-	-	-	100%
Seniors organizations	30 (n=3)	-	20%	20%	-	-	-	-	20%	-	40%
Universities	20 (n=2)	-	50%	50%	-	-	-	-	-	-	-
Centres of Gerontology	0	-	-	-	-	-	-	-	-	-	-
Independent researchers	50 (n=5)	-	83%	-	-	-	-	-	17%	-	-
Business	30 (n=3)	-	-	-	-	50%	17%	17%	-	-	17%
Other Partners	20 (n=2)										
Other partner 1	100	-	-	-	33%	-	33%	-	33%	-	-

While information on impacts and effects was limited, following are examples of some of the potential impacts as noted in the project files:

- better linkages between research and policy;
- more effective care of patients;
- better evaluation of new treatments;
- better targeting of health promotion activities;
- empowerment of seniors;
- better methods of diagnosing diseases; and
- preventative measures for cognitive impairment of the population as a whole.

To summarize this section, following are highlights of findings on key items:

- the primary focus of SIRP funded projects is around the issue of health and well-being (71 per cent);
- seniors at risk are the primary target group (60 per cent);
- individuals and groups other than seniors (e.g., independent researchers, universities, Centres of Gerontology) are more likely to be clients of SIRP funded projects than any other group (93 per cent);
- research and knowledge development are the main activities (32 per cent and 26 per cent respectively);
- more than half of the projects reviewed were reported to be innovative in at least one way (53 per cent); and
- a third of the projects reviewed reported partnerships (33 per cent).

It is apparent from the review of projects files that projects funded by the Seniors Independence Research Program are addressing the needs of seniors within the context of its objectives. Research, including multidisciplinary research, on issues of concern to seniors such as dementia and osteoporosis is being conducted, research findings are being disseminated through published articles, conferences and workshops and health problems of seniors are being monitored and strategies developed to reduce their impact. This activity will help SIRP in fulfilling its objective of strengthening Canada's health and social research capacity.

2.3 National Advisory Council on Aging (NACA)

The National Advisory Council on Aging (NACA) assists and advises the Minister of Health on issues relating to the aging of the Canadian population and the quality of life of seniors. NACA liaises with other groups interested in aging and encourages public discussion. NACA has undertaken studies and provided advice to government on issues such as managing an aging labour force and barriers to seniors' independence. The Council also disseminates information on aging through a variety of media such as:

- ❑ *Expressions* — a thematic quarterly newsletter on various aspects of the life of aging Canadians;
- ❑ *The NACA Position Papers* — policy papers giving NACA's opinions and recommendations on the needs and concerns of seniors and issues related to the aging of the population;
- ❑ *The Aging Vignettes* — are statistical factsheets on seniors. They present topics such as the number of seniors in Canada and where they live, ethnicity, poverty, pensions, health, causes of death, mental health, lifestyle, consumption of health services, and work and retirement, for example;
- ❑ *The Forum Collection Papers* — reports designed to create public awareness and promote discussion on emerging issues;
- ❑ *Info-Âge* — a bulletin of facts on aging, co-produced with the Family and Community Support Systems Division of Statistics Canada; and
- ❑ *The Writings in Gerontology* — in-depth examinations of topical issues in the field of aging.

A total of 25 NACA project files were reviewed. The distribution of project files by fiscal year is presented in Table 2.4. As the number of projects per year is rather small, ranging from two to seven per year, a year sensitive analysis was not considered appropriate. A summary of the type of NACA files reviewed is presented below:

- ❑ position papers (4);
- ❑ research and development for the Minister (2);
- ❑ *Writings in Gerontology* (3);
- ❑ *Forum Collection* papers (2);
- ❑ *Vignette* fact sheets (1);
- ❑ *Expression* newsletter (4);
- ❑ *Info Age* bulletin (2);
- ❑ public forum (public education) (1);
- ❑ liaison activities (e.g., participation in meetings, workshops and conferences; on-going participation on councils) (5); and
- ❑ other activities (1).

TABLE 2.4
Distribution of Projects

	1991-1992	1992-1993	1993-1994	1994-1995	1995-1996	On-going ('91-'95)	Overall ('91-'96)
NACA (n=85)							
Population	16	10	13	10	16	18[8]	83
Reviewed	3	5	5	7	3	2	25

Fourteen of the 25 files reviewed contained objectives which were clearly identified. These objectives related mainly to the provision of information. In some cases information was provided to address gaps which were identified either internally, via a review of literature or statistical reports, or in response to a Ministerial request. In other cases the specific impetus for producing the information was less clear. Of the 14 identified objectives, eight pertained to providing information on a particular issue. Some projects had more than one objective, including the following: increasing NACA's visibility (2); opportunity for a timely entry into the debate on an important issue (1); enhancing awareness on seniors issues (3); developing partnerships/collaboration (1); determining solutions to a problem (2); public education (2); and through recommendations, achieve more appropriate utilization of health care technology to produce optimum health care outcomes (1).

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[8] It should be noted that the number of on-going activities is underreported. Under the headings of liaison and "other Council activities", a number of file categories consisted of several distinct activities (for example *"Participation by members at various conferences, seminars, meetings, workshops, symposia etc."*, *"NACA booth or exhibit at various conferences"*). Although these categories represent multiple activities, they were counted only once.

Evidence of an evaluation was found in only two project files. One project entailed holding a public forum on the issue of seniors and medication. An evaluation of this project provided information on objectives achievement, audience response and an evaluation of the production team. Evaluation material was also noted in the Canadian Seniors Packaging Advisory Council file. As many of the project files represent individual publications, evaluations may not have been conducted for each specific publication as it would be more appropriate to perform an evaluation for the series of publications. Files typically contained correspondence (e.g., memos, letters), background documents (e.g., documents which had contributed to the final output) and, where the project was a publication or paper, the final product. Financial data (e.g., delineating production/printing costs) was also present in a majority of files.

Two projects have involved on-going NACA participation and have spanned 5 years. For the most part, it was not possible to determine the duration of project activities reflected in the files. In some cases, correspondence spanned more than one fiscal year, but there was no indication of the level of effort which was being expended on the project during that time. Similarly, when the project consisted of making a presentation at a workshop or conference, although the duration of the workshop was only one day, the presentation would have required some preparation in advance of the event. The amount of time this preparation required was not indicated in the files.

(a) Needs Addressed

NACA is first and foremost an independent advisory body. As a result, its objectives and activities cannot necessarily be attributed to the directions and priorities of Health Canada. Nevertheless, all of the projects reviewed addressed at least one of the four broad categories of needs (e.g., health, independence, attitudes towards aging and barriers to participation in society) which have been identified as strategic directions for DAS. The proportion of projects by need are presented in Table 2.5. Projects tended to be quite focused as almost 85 per cent of projects addressed only one (in 13 projects) or two (in eight projects) categories of needs.

TABLE 2.5
Needs Addressed by NACA activities

Needs	Percentage of Projects (All Years)
Health and well-being	60 (n=15)
Independence	44 (n=11)
Attitudes towards aging	36 (n=9)
Barriers to participation in society	20 (n=5)
Other	4 (n=1)
n (total)	25

Health and well-being (in 15 files), followed by independence (in 11 files) were the most frequently identified need addressed by NACA project activities. Although the preceding table only provides breakdowns for the broad categories of needs, more specific information regarding these categories is also available. Of the 15 projects which addressed health and well-being, most related to emotional and physical aspects of well-being (e.g., seven referred to mental/emotional, six to physical aspects). Drug/alcohol abuse (in two projects) and dementia (in one project) were also addressed. Other specific health issues included seniors' packaging needs (i.e., reducing the incidence of injury while opening containers), ethical concerns in health care; and broad aspects of health and well-being (e.g., contributing to the improvement of qualified personnel to meet the needs of an aging population).

Of the 11 projects which dealt with seniors' independence, three related to community-based services and long-term care (which enables people to live autonomously in their homes by delivering services). Income security and dying with dignity were each addressed in two projects and "the right to live at risk" was addressed in one project. The remaining three projects addressed broad aspects of independence, either through funded research or education.

Barriers to seniors' participation in society were addressed in variety of ways (e.g, participation in workshops, funded research, preparation of a Ministerial brief) and included various issues such as older workers in the workforce (1 project), community based services (1 project), seniors' place in the family (1 project) and family care and unusual work arrangements (1 project). Barriers were also addressed, broadly, through funded research (1 project). It should be noted that NACA's participation in this project was liaison in nature and consisted of membership on the Board of Directors. Although the project itself funded research, NACA did not make any financial contribution.

(b) *Client and Target Groups*

As shown in Table 2.6, seniors in general have been the target of the vast majority of NACA's activities, as have other groups such as: general public, health service professionals, industry, NGOs, policy-makers, governments, community organizations, seniors' organizations, gerontology association members, federal and provincial Ministers, independent researchers, universities and members of NACA's mailing list (which could include many of the preceding individuals or groups).

TABLE 2.6
Target Group and Clients of NACA Activities

	Percentage of Projects (All Years)
Target Group	
Seniors in general	92 (n=23)
Seniors at risk	8 (n=2)
Other groups	80 (n=20)
n (total)	25
Clients	
Seniors in general	72 (n=18)
Seniors at risk	4 (n=1)
Other groups of seniors	52 (n=13)
Other groups	100 (n=25)
n (total)	25

It should be noted that, in many instances, NACA activities have been coded as targeting seniors simply because seniors are the ultimate beneficiary of the activity in question. This accounts for the greater number of projects with seniors as the target group (i.e., 23) than projects with seniors as clients (i.e., 18) (e.g., research which is conducted or advice which is given to the Minister will ultimately benefit seniors — in these instances seniors are one of the targets but not the client). Although seniors at risk were only identified as targets in two project files and as clients in one file, it is possible that they were also targets and clients of other project activities. However, if they were not explicitly identified as a target group, they were not recorded as such.

As with project target groups, NACA's client base is similarly broad — all of the target groups listed above have also been clients. Some projects have had a single client, as when providing advice to the Minister. Other projects, such as liaison activities with seniors organizations or other NGOs, have involved a relatively small client group. With the exception of one large liaison project, which involved approximately 11 different clients from the public and private sectors, projects which did not involve publications tended to have only one client group. These NACA clients have included Ministers Responsible for Seniors, other Ministers and federal departments, NGOs, researchers, gerontologists, seniors organizations, the public and the private sector.

As most of the NACA projects reviewed consisted of publications with fairly extensive distribution, clients for a majority of NACA's projects are quite varied, and in fact consist of several client groups. It should be noted that, although a variety of client groups may have received a publication, some publications were intended for a more specific audience (e.g., *NACA Position Papers* for decision-makers, *Expressions* for seniors and seniors organizations, *Writings in Gerontology* for gerontologists).

(c) *Activities and Innovation*

This section summarizes the specific activities related to the projects reviewed. It should be noted that they do not necessarily reflect NACA's involvement with the project. For example, one of the projects' activities included funding research, a finding which is represented in Table 2.7. NACA's participation in this project, however, did not extend to funding research but, rather, was limited to membership on the project's Board of Directors.

As NACA's main function is advisory, innovation is not an objective *per se*. Nonetheless, some of the issues NACA addressed may have been innovative in that they had not been receiving much attention from other stakeholders. Unless it was clearly noted that an issue was innovative, however, it was not recorded as such. Most files do not indicate clearly in what way projects introduce an innovative approach. As noted in the *First Interim Report*, only an in-depth analysis of each project could indicate clearly in what way new approaches are developed and this is beyond the scope of the present evaluation. Still, two projects indicated an innovative approach. In one case, the nature of the innovation consisted of forming a coalition of public and private sectors (e.g., government, industry and independent researchers) to foster excellence and collaboration in research. In the other case, it was believed that the public forum, which consisted of a live telecast in both official languages, a panel of experts and open telephone lines, was the first of its kind.

The most prevalent project activities related to the dissemination of information, communications and increasing awareness of seniors issues (e.g., *Vignettes, Position Papers, Writings in Gerontology, Expressions*). The next most frequent types of activities were research, conferences and workshops. Please refer to Table 2.7 for a listing of other project related activities.

TABLE 2.7
NACA Project Related Activities

Activity	Percentage of Projects (All Years)
Research	12 (n=3)
Conferences	12 (n=3)
Workshops	12 (n=3)
Dissemination of information	76 (n=19)
Communications	68 (n=17)
Public education campaigns	4 (n=1)
Knowledge development	8 (n=2)
Funding of research programs	4 (n=1)[9]
Consultation with seniors or other stakeholders	16 (n=4)
Increasing awareness of seniors issues	68 (n=17)
Partnership development	4 (n=1)
Other	8 (n=2)
n (total)	25

(d) Financial Data

Financial data was present in all but two of the project files. Information from these 23 files indicate that the average sum expended by NACA for these projects is $14,662; the minimum contribution was $3,000 and the maximum was $73,072. In one case, in which a brief was prepared for the Minister of Health, no financial expenditures were required beyond NACA staff time. Self-sufficiency is relevant only for the continuation of certain (non-demonstration) funded community programs and so, was not applicable in the context of NACA projects.

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[9] As noted at the outset of this section, although NACA itself did not fund research, the project in which NACA participated did.

Only one file (representing liaison activities with the Canadian Seniors Packaging Advisory Council — CASPAC) furnished amounts from other sources. In 1995, contributions were received from Ventures funding ($428,994), Business Partner Co-investment ($36,513) and other sources ($4,674). NACA itself did not make a financial contribution, however, they did provide staff time and covered their own travel expenses, which amounted to less than $10,000 over the five year duration of the project.

Eleven projects involved in-kind contributions. Contributions included time provided by various authors; travel expenses; advertising; meeting participation; and loan of supplies and presentation materials CASPAC estimated that between September 1993 and August 1995 total in-kind donations were approximately $100,000. As with the concept of self-sufficiency, the participation of senior and/or volunteers is relevant only to funded community projects and so was not applicable to NACA projects.

(e) Impacts and Effects

Not surprisingly, the majority of outputs have consisted of publications — 18 of 25 projects have produced some sort of publication (see Table 2.8). Provision of advice to the Minister was evident in 7 projects. The "other" category consists of outputs such as a poster, a video, presentations and conferences, a public forum, and a joint project regarding the *Aging Society Discussion Paper*. Although NACA's involvement with the research network was limited to a liaison capacity on the board of Directors, over its five year life span CARNET resulted in 177 peer reviewed articles, 85 chapters in books, 9 complete books, 483 invited papers and lectures presented by network researchers.

TABLE 2.8
Project Related Outputs

Activity	Percentage of Projects (All Years)
Services to seniors	8 (n=2)
Publications	72 (n=18)
Research Reports	8 (n=2)
Policies Developed	no info on file
Workshops	8 (n=2)
Roundtables	4 (n=1)
Educational materials	8 (n=2)
Advice to programs or policies	no info on file
Advice to Minister	28 (n=7)
Other	48 (n=12)
n (total)	25

NACA's mandated role is to act in an advisory capacity to the Minister of Health, and consequently is limited in its ability to provide direct services. As a result, the NACA projects reviewed were not generally service oriented, but were instead communication oriented. In two instances, however, NACA was involved in projects which provided direct services to seniors. One was a public forum which educated the public on the problem of seniors and medication and in which a phone-in service was available for questions and answers. The other project produced an audio-visual package to teach seniors about packaging.

Evidence of partnerships were present in almost half of NACA projects reviewed (i.e., 12). Liaison activities typically involved partners (e.g., Public Forum on Seniors and Medication, Canadian Research Network). Liaison activities which involved presentations at conferences (e.g., Canadian Association of Gerontology) and workshops have been considered partnership activities. Partnerships have also been formed with experts (e.g., academics, health professionals, Statistics Canada) during the production of *Position Papers, Writings in Gerontology* and *Info Âge.* These partnerships were formed to review the content of the publication prior to sending it to press. It should be noted that in some projects it is possible that partnerships were developed, but as they were not explicitly noted in the files, they were not recorded during the review. As well, cases in which NACA contracted with a researcher to write a paper for publication were not viewed as "partnership building". Partners have included the federal government, industry, NGOs, researchers/universities, seniors organizations, Centres of Gerontology and health professionals.

Although there was little specific information contained in the files regarding the number of clients served, some estimates were available. Sixteen of the 25 projects consisted of publications which were distributed via NACA's mailing list[10]. Mailings have ranged from 5,000 to 10,000 individuals or organizations. In addition to the mailing list, publications such as NACA's position papers have also been disseminated to selected stakeholder groups (e.g., seniors organizations, provincial/ territorial departments, gerontology associations).

Information regarding impacts and effects of NACA projects is similarly sparse. Neither strengths nor weaknesses were identified in project files. Impacts which have been identified include the following:

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[10] It should be noted that in some instances (e.g., *Writings in Gerontology*) members of NACA's mailing list were not sent the publication directly. Instead a summary of the publication was sent out along with notification of how to obtain a copy of the publication itself.

- ❑ a new project was created (participation in a conference prompted work on the preparation of a response to a discussion paper on an aging society);
- ❑ speakers were well received at a workshop and stimulated discussion in group sessions;
- ❑ NACA's profile has been raised, the public has been educated on the problem of seniors and medication (an audience survey indicated that 64 per cent learned something new); and
- ❑ links have been created between researchers and industry, education has been provided to develop students and research opportunities have been provided.

2.4 Internal Projects

Internal projects from four activity areas were selected for review. The four activity areas are Policy Coordination and Support to the Minister/Department; Seniors Community Programs (SCP) Funding; Aging-Related Diseases; and Seniors Independence Research Program (SIRP) funding and Coordination/SIRP Advisory Committee. Some of these activity areas are associated with or attendant to a broader program element, for example, SIRP coordination projects and Aging-Related Disease projects fall under SIRP. It should be noted that although these projects fall under SIRP, they do not fall under SIRP-funded projects (which were reviewed in a previous section of this report). As a result, the figures presented in the Table 2.9 (p.30) only reflect the number of *internal projects* associated with the various broad program elements; they do not include any other activities carried out by their respective broad program elements.

DAS program staff prepared a list of all relevant activities to be included in the sampling frame for the review of internal project files. Ekos then randomly selected 30 files from four activity areas and five fiscal years to be reviewed. Examples of the type of projects reflected in the files varied widely and included some of the following activities:

- production of publications or reports (e.g., monographs, a guide for seniors);
- internal reorganization/program reorientation;
- conduct of research, analysis of data, review of literature;
- participation/organization of symposiums, conferences, meetings or workshops;
- provision of support for Ministerial briefing requests;
- review of policy;
- development of internal "tools" (e.g., promotional tools, program review tools, staff handbook);
- organization and conduct of a research competition and selection of a proposal to receive research funding;
- support to television and audio-visual productions; and
- conduct of a survey of Health Canada employees.

Internal projects do not represent programs *per se*, rather they tend to be characterized by discrete activities. As well, in some cases, internal projects are conducted by the organization units responsible for the program elements (e.g., SIRP, SCP) in support of or to facilitate the overall goals or operations of the programs. As a result, it is not surprising that evaluations of internal projects did not appear to have been conducted. Evidence of evaluation was present in only one project file in which a guide for seniors had been evaluated, once for the second edition, and again for the third edition. Files typically contained correspondence (e.g., memos, letters); copies of speeches; working group notes; minutes of meetings; background documents (e.g., evaluation/conceptual frameworks); briefing notes; and, where the product was a publication or paper, the final product. The amount of information represented in the files varied. Although files typically contained a fair amount of documentation, in some cases, project files comprised large binders of materials, whereas in others relatively little information was provided. It should be noted that, due to a tight time frame, for the review of each individual project file, where relatively greater amounts of information were present in the files, documents could only be skimmed. As a result, although the file review guide was employed to answer broad questions, in some cases the more subtle aspects of the project may not have been observed.

Exhibit 2.9 presents the number of files reviewed by project area and fiscal year. It is not appropriate to perform a year sensitive analysis as only a few files per year were reviewed. Similarly, as the number of files reviewed per activity area is fairly small, ranging from 5 to 14, activity areas will not be analyzed separately.

For the most part (i.e., in 24 files), it was not possible to determine the duration of the project activities reflected in the files. In some cases, correspondence spanned more than one fiscal year, but there was no indication of the level of effort which was being expended on the project during that time. Similarly, when the project involved participation at a workshop or conference, although the duration of the event might only span a day or two, participation would have required some advance preparation. The amount of time this preparation required was not indicated in the files. The six projects for which information was available spanned five months on average, ranging from one to 10 months.

TABLE 2.9
Distribution of Internal Projects

	1991-92	1992-93	1993-94	1994-95	1995-96	Total
Policy Coordination and Support to the Minister/Department						
Population	22	18	19	22	40	121
Reviewed	2	2	3	3	4	14
Seniors Community Programs Funding						
Population	4	6	5	4	10	29
Reviewed	1	1	1	1	2	6
Aging-Related Diseases						
Population	5	7	4	7	7	30
Reviewed	1	1	1	1	1	5
Seniors Independence Research Program						
Population	3	2	5	5	16	31
Reviewed	1	1	1	1	1	5

(a) Needs Addressed

The most prevalent need addressed by internal projects was health and well-being, which was evident in 22 of the 30 files. Independence and barriers to participation were also addressed by about one-half of the projects reviewed. It appeared that most projects tackled these issues at a fairly broad level, as opposed to addressing one particular aspect. It is possible that in some cases projects may have been more focused, however, it was not readily apparent from the files. Specific examples of projects which addressed health and well-being in a broad sense included the following: a guide which provides information about federal programs targeted to seniors; a workshop in which health is one of the topics; and support to a film which deals with quality of life and healthy lifestyles. These findings are presented in Table 2.10.

In addition to addressing the four broad categories of needs, projects also typically addressed some form of information need which had been identified either internally, from literature or statistical reports, or via the Minister.

TABLE 2.10
Needs Addressed by Internal Project Activities

Needs	Percentage of Projects (All Years)
Health and well-being	73 (n=22)
Independence	53 (n=16)
Attitudes towards aging	23 (n=7)
Barriers to participation in society	47 (n=14)
Other	83 (n=25)
n (total)	30

As noted above, many internal projects addressed the needs in a rather broad fashion. As a result, little information is available regarding the precise nature of the need that was addressed. Of the 22 projects which related to health and well-being, 15 addressed the issue in a broad sense (i.e., no one particular aspect of health and well-being was the focus), 5 related to physical well-being and one each related to emotional well-being and alcohol and drug abuse. Similarly, only general aspects of participation and seniors' independence were addressed by a majority of internal projects. Exceptions to this occurred in two files which related to independence in terms of financial security and transportation issues.

(b) Client and Target Groups

Seniors in general have been the target of many internal project activities. Other groups have also been targets, including the following: seniors' organizations; the public; health service professionals; DAS program staff; NACA; other government departments; policy researchers; policy-makers; and federal and provincial Ministers. In most cases *both* seniors and other groups have been the targets of internal project activities. A few projects (i.e., six), however, have targeted only one group (e.g., the federal government or DAS program staff), which explains the relatively higher frequency of the "other target" category (Table 2.11).

It should be noted that in a number of instances, projects have been coded as targeting seniors simply because seniors are the ultimate beneficiary of the activity in question. Examples of these types of projects include the following: projects which have involved a review of policy; projects where research was conducted; hosting a showcase at a gerontology conference; and providing advice to the Minister. Seniors at risk were identified in only four project files. Although it is possible that seniors at risk were targets of other project activities, they were not recorded as project targets because they were not explicitly identified as such in the files.

Clients were identified in 25 of the 30 files reviewed. Six internal projects identified seniors as clients. One project up-dated a guide for seniors and disseminated it to all new seniors, as well as to seniors organizations, volunteers and caregivers. Three projects produced monographs on aging-related diseases (when requests were received from the public about a particular disease, the monographs provided a useful summary of the literature). Of the remaining two projects, one produced a publication *Valuing our Seniors The Canadian Way* and the other celebrated the 20th anniversary of New Horizons.

Most internal projects have involved more then one client group. In addition to seniors and seniors organizations, clients have consisted of: researchers; NGOs; Federal/Provincial/Territorial Ministers responsible for seniors; federal government departments; film/TV production companies; the general public; gerontologists; DAS Program staff; and Health professionals.

TABLE 2.11
Target Groups and Clients of Internal Projects

	Percentage of Projects (All Years)
Target Group	
Seniors in general	77 (n=23)
Seniors at risk	13 (n=4)
Other groups	97 (n=29)
n (total)	30
Clients	
Seniors in general	20 (n=6)
Seniors at risk	not on file
Other groups of seniors	20 (n=6)
Other groups	80 (n=24)
n (total)	30

(c) Activities and Innovation

The presence of innovation was a difficult issue to address in the file review as most files do not indicate clearly in what way projects introduce an innovative approach. Although an in-depth analysis of each project has the potential to indicate the presence of innovation, it is beyond the scope of the present evaluation.

Innovative approaches were identified in four projects files: the development of an inventory of funded projects; research in the area of health expectancy; an interdepartmental workshop; and the First Meeting of Federal and Provincial Ministers Responsible for Seniors. The inventory was the first of its kind produced for National Health Research and Development Programs (NHRDP) and presents the projects by topic. The research on health expectancy produced a new approach for measuring disability with respect to health expectancy. The two remaining projects involved bringing stakeholders together for the first time. The interdepartmental workshop was the first to involve a large number of representatives from federal departments for the purpose of discussing linking programs, policy and research related to aging. As apparent from the project title, the Minister's meeting was the first time all the Ministers Responsible for Seniors were brought together.

The most prevalent project activities related to dissemination of information, followed by workshops, communications, and knowledge development. The "Other" category of activities included the following: the development of a project review tool; presentation of speeches; production of audio-visual materials; supporting requests for Ministerial briefs; coordination of an information sharing session; development of promotional tools; and program restructuring. Please refer to Table 2.12 for further details.

TABLE 2.12
Internal Project Related Activities

Activity	Percentage of Projects (All Years)
Research	37 (n=11)
Conferences	3 (n=1)
Workshops	20 (n=6)
Dissemination of information	40 (n=12)
Policy development	3 (n=1)
Communications	20 (n=6)
Public education campaigns	7 (n=2)
Knowledge development	20 (n=6)
Funding of research programs	3 (n=1)
Consultation with seniors or other stakeholders	3 (n=1)
Increasing awareness of seniors issues	10 (n=3)
Partnership development	10 (n=3)
Other	33 (n=10)
n (total)	30

(d) Financial Data

Financial data was present in 22 of the 30 project files reviewed. It should be noted that financial data was not always complete, so it is possible that some of the figures presented may understate the true cost of project activities. As well, in some cases a single amount was provided and it was difficult to determine to which partner funding should be ascribed and in what proportion. Although expenditures ranged from $2,000 to $804,000, one half of these projects involved amounts less than $15,500. The three largest projects have fallen under the Policy Coordination and

Support to the Minister/Department activity area and have included the dissemination of a Seniors' Guide to all new seniors (i.e, $804,000), the Aging/Seniors Policy Review (i.e., $375,000) and support to six television and audio-visual productions in one given year of study (i.e., $231,000).

Although there was some indication that partners may have contributed financially to projects, figures pertaining to financial contributions from partners were evident in only a few files (i.e., three). In one case, the Canadian Aging Research Network (CARNET) made a $10,000 contribution to a Health Canada survey; in another the Bureau of Chronic Disease Epidemiology, Cancer Division, contributed $15,000 to a Workshop on Brain Cancer. In the third project, the budget for printing the *Inventory of SIRP Funded Projects* was shared (approximately $2,000 per partner) by National Welfare Grants, National Health Research and Development Program, the former Community Health Division and the Policy and Consultation Branch.

Evidence of in-kind contributions was present in only two projects. Contributions included Health Canada staff time to support requests for briefing materials, and planning, administration and report writing services which were provided for the survey of Health Canada employees. Although information regarding volunteers was not evident in the files, it is possible that some of the projects did involve volunteers.

(e) Impacts and Effects

As the focus of internal projects were quite varied, it is not surprising that these projects entail a variety of activities. As presented in Table 2.13, research reports, followed by workshops and publications were the most common outputs. The "other" category consists of outputs such as a poster, audio-visual materials, presentations and conferences, consultations with seniors, development of an Internet resource site, and conference proceedings.

Despite the fact that internal projects do not represent programs *per se*, four projects involved the provision of services to seniors. As noted earlier, one was a guide for seniors on federal programs and three involved the production of aging-related monographs (requests are made by the public for information about a disease and the monographs provide a useful summary of the literature for these requests). The guide for seniors was mailed to approximately 19,000 new seniors per month. No information was provided with respect to the number of requests for monographs.

TABLE 2.13
Internal Project Outputs

Activity	Percentage of Projects (All Years)
Services to seniors	13 (n=4)
Publications	20 (n=6)
Research reports	33 (n=10)
Policies developed	no info on file
Workshops	27 (n=8)
Roundtables	0 (n=0)
Educational materials	7 (n=2)
Advice to programs or policies	10 (n=3)
Advice to Minister	13 (n=4)
Other	50 (n=15)
n (total)	30

Evidence of partnerships was present in a majority of internal project files (i.e, 21 out of 30). It is possible that partnerships were developed in an even greater number of projects, but as they were not explicitly noted in the files, they were not recorded during the review. Projects in which a researcher was contracted to write a paper for publication would not normally be viewed as a "partnership", however, in one file this relationship was recorded as a partnership because it had been highlighted specifically as such. The distribution of the type of partners involved in internal projects is presented in Table 2.14. Although the majority of partnerships have been established within Health Canada and other federal government departments, partnerships with other organizations have also been observed. Partnerships with other organizations have included the following: provincial governments; NGOs (e.g., Canadian Association of Pre-retirement Planners; Canadian Association of Gerontology); seniors' organizations (e.g, One Voice); universities and researchers; the private sector; and organizations in other countries (e.g., U.S. Research Council, U.S. Institute on Aging).

TABLE 2.14
Partnerships

Activity	Percentage of Projects (All Years)
Federal government	50 (n=15)
Provincial government	20 (n=6)
NGOs - national	17 (n=5)
NGOs - regional	13 (n=4)
NGOs - local	7 (n=2)
Seniors' organizations	10 (n=3)
Universities	10 (n=3)
Independent researchers	13 (n=4)
Businesses	7 (n=2)
Other	10 (n=3)
n (total)	30

Note: Partnership development does not include partnerships with Health Canada's funding program.

Although information appears fairly complete with respect to project outputs, the information regarding the impacts and effects of internal project activities is not as abundant. Evidence of impacts was found, however, in eight of the 30 projet files reviewed. Strengths were not noted, and only one weakness was mentioned. Examples of the impacts that internal projects have had include the following:

- research on health expectancy has been internationally recognized. "It contributed to moving the understanding of disability in older age in a major way. The work continues to be recognized and the results have been used on follow-up work within the seniors policy area."
- a project involving analysis of data was, in part, a follow-up to a previous contract. The analysis conducted in the current project overcame some of the weaknesses of the previous analysis.
- it was believed that the SIRP Symposium had been extremely successful. It had created networking opportunities, led to a SIRP advisory committee meeting and allowed the creation of links between policy makers and seniors organizations.
- the *Inventory of SIRP Funded Projects* was well received and "is still used to share the research projects sponsored under SIRP".
- research on intergenerational issues and intersectoral connections led to a case study on intersectoral collaboration. The Division of Aging has continued with researching intergenerational issues.
- a number of lessons have been learned from the Aging/Seniors Policy Review including the following: the aging of Canadian society raises issues of fundamental reforms to income, social and health policy; there are no quick fixes because systems are large, complex,inter-related and essential to peoples' lives; and long-term implications of demographic shift are unknown; no consensus currently exists on reform directions
- the evaluation of the second edition of the guide for seniors found that it was easy to read and understand and was a useful resource. The guide was found to provide information regarding services that seniors did not know were available, and had helped to solve problems

- ☐ the first meeting of federal and provincial Ministers responsible for seniors provided an opportunity for increased cooperation. Work has continued on requests raised at this meeting.

CHAPTER

3

KEY INFORMANT INTERVIEWS

3.1 Methodology

A total of 118 key informant interviews have been conducted to date, and an additional interview is still being scheduled[11]. Approximately 25 per cent (or n=29) of these interviews were conducted face-to-face while the remaining interviews were done by telephone. In-person interviews were conducted with respondents in the National Capital Region wherever possible[12]. These face-to-face interviews were an average of one to one and a half hours in duration.

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[11] The reader will notice that the total number of interviews to be conducted has been lowered to 119 from the original target of 120. The reason for this is threefold. First, two provincial/ territorial interviews have been abandoned (explained later in text); second, an extra interview was conducted for the Interdepartmental Committee on Seniors Issues; and third, since an extra interview with Health Canada personnel will be conducted, one less stakeholder interview will be arranged.

[12] The total number of interviews conducted to date in the National Capital Region is 36 (31 per cent of the 118 conducted). Of the seven that were not conducted in person, four interviewees said they preferred to be interviewed by phone, two were not asked for a face-to-face interview, and one respondent was on holiday at the time of the interview and thus away from the office. The one interview remaining will be in the National Capital Region and will be conducted in person, if possible.

The length of telephone interviews varied greatly by type of interviewee. For example, interviews with regional directors took, on average, about one and a quarter hours whereas interviews with non-funded recipients rarely lasted more than 30 minutes. Taking all interviewee types together, the average interview length was approximately 45 minutes.

The interview guides were prepared in close consultation with the client and DAS personnel (please see Appendix B). All interviewees were sent a copy of the interview guide by facsimile in advance of their appointment.

Table 3.1 presents a breakdown of the 118 completed interviews by type of key informant. Interview candidates were carefully selected in close consultation with the client and DAS personnel. In some instances, the initial candidate identified for consultation was not available. In most cases they were able to provide us with the name of an alternate individual whom they felt was equally qualified to answer the questions. Anticipating that some individuals and organizations (for stakeholder interviews) might be unable or unwilling to participate, alternate names (or organizations in the case of stakeholder interviews; alternate projects in the case of funded and funding applicant interviews) were provided by DAS personnel. All interviewees were assured of confidentiality.

TABLE 3.1
Overview of Completed Key Informant Interviews

Type of Interviewee	Number of Interviews
Central Agencies	2
Health Canada Senior Managers and Staff	27
Interdepartmental Committee on Seniors Issues	7
NACA Members	5
Provincial/Territorial Government	16
Stakeholders[13]	34
Funding Recipients	17
Non-Funded Applicants	10
Total	118

Of the seven interview respondent types, Central Agencies, Health Canada Program Managers and Staff, Provincial/Territorial, Funded and Non-Funded respondent groups can broken down into sub-groups. This information is presented in Tables 3.2 to 3.6.

TABLE 3.2
Completed Central Agency Key Informant Interviews

Type of Interviewee	Interviewee Sub-Group	Number of Interviews
Central Agencies	Treasury Board	1
	Privy Council Office	1
TOTAL		2

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[13] A listing of the organizations interviewed is located in Appendix C.

TABLE 3.3
Completed Health Canada Senior Managers and Staff Key Informant Interviews

Type of Interviewee	Interviewee Sub-Group	Number of Interviews
Health Canada Senior Managers and Staff	Headquarters	15
	Regional offices	12
TOTAL		27

Table 3.4 presents the breakdown by provincial/territorial key informant interviews. While two interviews were intended to be held with representatives from Quebec, no interviews were completed. The opportunity to participate was provided to several representatives; however, the Government of Quebec declined to participate in the study.

TABLE 3.4
Completed Provincial/Territorial Key Informant Interviews

Type of Interviewee	Interviewee Sub-Group	Number of Interviews
Provincial/Territorial	British Columbia	2
	Yukon	1
	Alberta	2
	Northwest Territories	1
	Saskatchewan	2
	Manitoba	2
	Ontario	2
	Quebec	0
	New Brunswick	1
	Nova Scotia	1
	Newfoundland and Labrador	1
	Prince Edward Island	1
TOTAL		16

TABLE 3.5
Completed Successful Funding Applicants Key Informant Interviews

Type of Interviewee	Interviewee Sub-Group	Number of Interviews
Successful Funding Applicants	SIRP	4
	Ventures	2
	NH	4
	NH:PA	4
	SIP	3
TOTAL		17

TABLE 3.6
Completed Unsuccessful Funding Applicants Key Informant Interviews

Type of Interviewee	Interviewee Sub-Group	Number of Interviews
Unsuccessful Funding Applicants	SIRP	2
	Ventures	1
	NH	3
	NH:PA	3
	SIP	1
TOTAL		10

Table 3.7 provides information on the distribution of remaining interviews required by sub-group. Please note, however, that Ekos is still attempting to interview a key informant in the Health Canada Senior Managers sub-group although the originally required number of interviews have been completed for this interview type.

TABLE 3.7
Overview of Completed Key Informant Interviews

Type of Interviewee	Number of Interviews Left to Complete
Central Agencies	0
Health Canada Senior Managers and Staff	1
Interdepartmental Committee on Seniors Issues	0
NACA Members	0
Provincial/Territorial Government	0[14]
Stakeholders	0
Funding Recipients	0
Non-Funded Applicants	0
Total	1

(a) Reporting

Key informant interviews can be a very useful qualitative research tool. When the total number of interviews numbers over a hundred, it is tempting to want to deal with the results in a quantitative way; that is, to provide the absolute number of individuals or percentage who feel a certain way. This, however, would be misleading. One must recall that of the 100 plus interviews that have been conducted, the findings represent different perspectives and these can often be broken down further by province/territory, project, and so on. Thus, the findings presented here have not been interpreted quantitatively. Instead, these results are intended give an overall impression of the views of each respondent type and, in some cases, provide suggestions for improvement or specific examples.

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[14] As the Government of Quebec has declined to participate, the interviews scheduled for this province have been abandoned.

A point-form summary of the major findings of the key informant interviews is presented in this chapter. These point-form findings are in a somewhat raw form, as they serve as a tool for analysis, and will be integrated in the First Draft of the Final Report. Findings are organized first by respondent type then, within each of these types, by study issue. The reader should note that, in some cases, an informant could belong to more than one informant group (e.g., some stakeholders are also funding recipients). Likewise, a further breakdown by subset of respondent type could also be possible (e.g., "researchers" can be found among Health Canada personnel, provincial/territorial government representatives, stakeholders and funding recipients). That having been said, however, both the interview guide for each informant type and the interviewers themselves encouraged the respondent to answer from the point of view of that informant type for which they were contacted (i.e., stakeholders were asked to provide feedback from the stakeholder point of view, not that of a funding recipient or a researcher). Thus, while overlaps among respondent categories exist and can be kept in mind, this is not felt to compromises the validity of the findings.

All respondent types were asked to comment on the same study issues (differences in focus are mentioned in the text). Similarly, all but one of the interview guides (the exception being the Central Agency guide) asked interviewees to identify "at-risk" groups of seniors and their needs. This set of questions was voluntary and was only asked if time allowed. As a result, only stakeholders, funding recipients and non-funded applicants were asked to comment with any regularity, as interviews for these respondents tended to take the least amount of time to complete (as many respondents from these groups were not familiar with DAS/S or its achievements).

3.2 Central Agencies

(a) Program Relevance

i. Continuing Need for and Relevance of DAS/S

☐ There is a need for some federal involvement in seniors/aging issues.

ii. The Role of Health Canada and DAS/S

☐ Although there is a relevant federal role in seniors/aging issues — for instance, in information dissemination, health promotion and in helping to coordinate the efforts of various players/partners in the field — there is a need for more prioritization of target areas and more niche funding. The federal role and objectives need to be better focused on areas where success can be expected and measured. There is also room for more federal/provincial/territorial collaboration.

☐ The appropriateness of the Health Canada role is questionable. On the one hand, the Minister is responsible for both health and seniors issues, and health promotion is clearly within the Department's mandate. On the other hand, the focus of DAS/S goes well beyond purely health issues to encompass other issues/programs (e.g., social issues, income security, Canada Pension Plan) of more relevance to other federal departments such as HRDC[15].

☐ Also, at some point, it is important to assess which groups in society *really need* to be a target group for the federal government. Is everyone a target group?

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[15] It should be noted that DAS personnel have commented that a review of the appropriateness of the role of Health Canada and the DAS/S should take into consideration that currently no other federal department or program inherently views seniors' issues and programs in an intersectoral, multidisciplinary, holistic fashion.

iii. Areas of Duplication or Overlap

- ☐ no response

(b) Program Accomplishments

i. Program Delivery and Coordination

- ☐ Health Canada/DAS/S tries to coordinate efforts devoted toward seniors and aging issues within the federal government, but the representatives from other departments are resistant to being coordinated and are not empowered to do much. Moreover, the meetings of the Interdepartmental Committee on Seniors Issues (ICSI) can be "process-laden", "airy-fairy" discussions where "nothing happens". The time and effort that goes into these meetings is not warranted given the modest accomplishments.

ii. Partnerships

- ☐ Partnerships are the best approach for this type of initiative.

iii. Achievement of Objectives and Intended Impacts

- ☐ DAS/S is probably reasonably successful at increasing and consolidating knowledge on seniors/aging issues (e.g., by producing booklets).
- ☐ DAS/S is likely having only a minor impact on the policies/programs of other players, largely because it lacks a strong policy analytical group. This perceived lack of analytical expertise at the DAS is reflected, for example, in the inadequate accountability framework in the Framework on Aging.

- ☐ Government cuts would reduce DAS/S's capacity to meet its objectives, though this respondent believes it would have the beneficial impact of forcing the Division to better establish its priorities.

iv. Unintended Impacts

- ☐ no response

v. Strengths

- ☐ DAS/S provides a federal focal point for seniors/aging issues and has devoted considerable effort to horizontal coordination of efforts for federal departments — which is an extremely difficult task.
- ☐ DAS/S staff are highly committed to seniors/aging issues.

vi. Weaknesses

- ☐ The DAS does not have sufficient analytical capacity/skills; for instance, staff do not know how to prepare an accountability framework, with clear logic linking activities to objectives and measures for assessing progress.
- ☐ The DAS has not exhibited enough leadership in its federal coordination role and has a somewhat narrow vision, with insufficient understanding of other departments' strategies and broader federal priorities related to seniors/aging.
- ☐ The DAS relies on consultants too much (e.g., in preparing a policy inventory).
- ☐ DAS/S depends too much on "process" (e.g., at interdepartmental meetings), at the expense of content, outputs and action.
- ☐ The objectives and focus of DAS/S are too diffuse — it cannot afford to do "all things for all people".

- The "softer" health promotion strategies — which attempt to influence behaviour through communications/advertising — have not provided sufficient value for money.

(c) Alternatives

i. Cost-Effectiveness of Programs/Activities Supported by DAS/S

- no response

ii. Essential Areas for DAS/S Involvement

- Areas with a clear health (as opposed to social) focus.
- Federal standards, coordination, facilitation, research, information sharing and high-level infrastructure.

iii. Non-Essential Areas for DAS/S Involvement

- Any areas that are better handled by provincial or municipal government (e.g., "community services like lawn bowling").
- Areas not strictly related to health.
- Projects providing little value for money (e.g., sexuality in seniors).

iv. Alternative Program Mechanisms and Structures

- Community-based programming should be run by communities.
- Some funding responsibilities could possibly go to other levels of government.
- DAS/S fits well with the Population Health Strategy because it is aimed at improving the health of the population (of seniors) and it considers multiple influences on health and well-being. A question: Will DAS/S still exist after the full implementation of the Population Health Strategy?

v. Other Improvements to DAS/S

- Health Canada needs to improve in managing expectations (it cannot do all things for all people) and in designing "frameworks". For instance, the Framework on Aging did not clearly lay out measures for assessing progress toward the attainment of objectives. This will need to be done for the Population Health Strategy — the conceptual framework will need to be translated into operations (i.e., practical actions and programs) and an accountability framework with realistic, measurable objectives.

3.3 Health Canada Personnel

(a) Program Relevance

i. Continuing Need for and Relevance of DAS/S

- All agreed there was a continuing need to address seniors' and aging issues in Canada. Respondents consistently pointed out that these issues will grow in urgency with the passing of time due to the influence of demographic change.

The movement of the baby boom generation into their retirement years will exacerbate many of the issues currently facing seniors and also have profound consequences for other generations (e.g., fewer people working and more people drawing from the health care system). As well, increasing longevity will mean a growing proportion of the population in the "old old" category. Finally, if the extended family in Canada continues to fragment, the support which was provided by family members will increasingly become a thing of the past, and demand for state-sponsored professional and institutional services will grow.

❑ There was agreement that public policy makers and planners must consider today the needs and concerns of an aging population, in order to ensure that the necessary changes to infrastructure, attitudes, policy and service delivery are firmly in place when the proportion of Canadians over 65 years almost doubles within the next 25 to 30 years. The State of Florida, with its very high proportion of older residents, could serve as useful case study of the challenges facing an aging society.

❑ Some seniors' issues have evolved over the past several decades, while others have remained constant. It is also important to note that the needs of seniors vary according to their age. Key issues today include the following.

- ***Income security:*** While incomes have increased and seniors tend to be better off as a group today than previously, there is still a large segment who experience poverty and financial insecurity. This is particularly true of older women. Some indicated that there is a need to prepare seniors to use their own financial resources more effectively. It was felt that the reform of social security (e.g., CPP) could not possibly be properly conducted without significant input from seniors' groups and experts on aging.

- ***Health care:*** Health care issues encompass a broad range of topics for seniors, from acute care to prevention. Closely related to health care is the issue of independence, in that seniors' independence is to an important extent related to the quality and availability of community-based health care services (e.g., home care givers)

  All agreed that fiscal pressures on the health care system must be dealt with in a manner that is consistent with the principle of the Canada Health Act. Other sub-issues which were noted included the proper use of medication (including the training of physicians), and the need to include older people in clinical trials conducted by medical and pharmaceutical researchers.

- ***Social supports:*** Family, friends, community and government all have a role to play to help people maintain their independence while they age.

- ***Intergenerational issues:*** Fiscal pressures which force government to make tough choices about which programs to fund, coupled with an aging population may create an atmosphere in which tension between generations are exacerbated. Hence, many saw a need to promote understanding between generations before relations deteriorate. For example, by helping all Canadians to understand aging as a common process as opposed to an interest group issue.

- ***Ethical issues:*** Advances in technology and the secularisation of society has led to the serious examination of issues, such as euthanasia, medical interventions, living wills, etc. which could potentially have permanent and wide ramifications for society as a whole. Research and guidance are needed to ensure that the "right" choices are made.

- ***Participation:*** A host of issues revolve around providing opportunities for seniors to continue to make a meaningful contribution to society by providing options to allow the growing numbers of seniors to "stay engaged" or "remain active" as they age. This issue is central to the concept of *continuity* in the lives of seniors. That is, the need for seniors to maintain as much of their lifestyle as possible while they age: "People want to remain the same, even though they are getting older."

- ***Housing:*** There will be a growing need to offer a series of options for seniors between the two extremes of single family dwellings and institutionalization. This set of issues is closely tied to the question of transportation. As people grow older they are less likely to drive, but more likely than ever before to remain in their own homes. These homes are more likely to be in the suburbs, away from services. This confluence of trends has important consequences for mass transit, particularly with respect to accessible transportation.

☐ A number of interviewees also noted that woven through all of the above issues, the question of uncertainty preoccupies the thoughts of many seniors today. The atmosphere of fiscal restraint and the apparent willingness of Canadian political leaders to re-examine the role of government, as well as the appropriateness of specific programs, has generated a significant level of anxiety among older Canadians. For the first time, many are wondering how long they can count on certain programs. This concern about the future is particularly relevant to the health care system.

ii. The Role of Health Canada and DAS/S

❑ There was general agreement concerning a number of roles which Health Canada, and more specifically DAS/S, should play. They include the following:

- ***Intra-governmental coordination:*** The co-ordination of activities and priorities related to aging and seniors' issues within the federal government, including the development of joint ventures and national approaches and innovative service delivery models with other federal departments.

- ***Policy leadership:*** To facilitate and serve as a catalyst for the efforts of the provinces/territories and other government/non-government organizations (e.g., by identifying shared issues and promoting collaborative efforts). Health Canada has a role in ensuring that policy makers across the federal government, and governments in general, are sensitive to aging and seniors' issues. The ultimate goal should be to have policy makers think about an aging population and the resulting needs and concerns of older Canadians as a matter of course, as opposed to seeing seniors as an interest group which must be appeased from time to time. This evolution in attitude is seen as crucial if policies in housing, health, transportation, income security and many other areas are to meet the needs of a rapidly aging Canadian population.

- ***Information sharing:*** Information sharing with the provinces/territories and other organizations, and with seniors themselves, was identified as a key role. Many people envisioned Health Canada as a kind of broker of federal programs and knowledge and an intellectual resource or centre of expertise. A few identified a particular need for gathering and analyzing information about the approaches and models that work best, as well as a need for disseminating this information to the appropriate organizations.

  According to HC officials, Health Canada is already recognized as a leader by other federal departments, levels of government and seniors and as the focal point for policy development and research. The federal government should capitalize on this accomplishment by maintaining a critical mass of knowledge, expertise and capacity.

- ***Research and knowledge generation:*** There was general agreement that Health Canada should continue to play a role in a variety of research fields, including medical research and policy research. Specific ideas included report cards on health care, basic public health intelligence, standardized national level data, achieving a greater understanding of how seniors actually live, risk factors in disease and evaluation of demonstration projects.

- ***Prevention and health promotion:*** Some felt that Health Canada should continue to play a leading role in these activities since no other level of government or federal department was involved in them.

- ***Advocacy and awareness-raising around seniors' and aging issues:*** There is a role for Health Canada in ensuring that seniors' concerns are effectively represented in policy/programs and among the general public. A number of interviewees also felt that Health Canada's role as a type of guardian of the key principles of the Canada Health Act should be emulated with respect to seniors/aging issues. Thus, Health Canada would have a role in setting national standards and monitoring. This role would also involve public and professional education (e.g., influencing the curricula of Canadian medical schools to take into account the special needs of older Canadians).

There was less consensus on the role of community-based activities in the DAS/S.

❑ Some HC officials, mainly in the regions and those involved in the delivery of community funding programs, argued that community-based activities funded through community funding programs were an important "lever" of resources and partnerships which the federal government should maintain. Community-based activities were also perceived to be valuable in their own right, in large part because they provided benefits directly to seniors. Some also mentioned that these programs provided important experiential information for policy and research (e.g., what works in practice, where the needs are).

  - The current model which targets "at risk" seniors was generally viewed as very good.

  - A number of the respondents who tended to speak highly about Health Canada's role in funding community projects were sceptical that these activities would be assumed by the provinces/territories following a federal withdrawal.

  - Many of those who advocated a continued role for Health Canada in funding community projects, tended to view the research activities of DAS/S, particularly SIRP, as somewhat of a weak link. Some suggested that the research was not always in sync with the needs of seniors, and probably less cost-effective than community funding programs because the impacts on seniors were at best indirect.

  - It is also important to note that many of those who argued for maintaining a significant role in community programming also recognized that their view ran counter to the prevailing winds of change in government and in the Department which sees the federal government pulling back from direct service and program delivery.

- ☐ Other respondents, mainly at NHQ and those involved in research and policy development, argued that Health Canada's role in funding community projects should be reduced and redesigned. Some felt that the provinces/territories and community organizations were better positioned to set priorities and implement programs at this level; a position which is apparently shared by some provincial/territorial officials who were interviewed. These respondents felt that Health Canada should be involved in demonstration projects and specifically, in terms of working with other levels of government and community partners to design, fund and evaluate innovative service delivery models and other original projects. It was also felt that Health Canada's role in this area should also involve the dissemination of results and lessons learned from the projects.

iii. Areas of Duplication or Overlap

- ☐ Health Canada program personnel identified few areas of overlap or duplication.

- ☐ Respondents listed a number of factors which mitigated against duplication:

  - The Division has an extensive network and partnerships with researchers, NGOs and others working in the area of seniors and aging. This includes regional HC staff who have a good understanding of the local scene.

  - Formal mechanisms around federal-provincial-territorial cooperation have been put into place to facilitate coordination and information sharing (e.g., working committees and committees of seniors officials) and to allow for significant provincial involvement in the reviews of projects.

  - Shrinking provincial budgets do not usually permit other organizations to undertake projects that are broad in scope or significant in size, therefore lessening the probability of overlap with federal programs.

- ☐ It was acknowledged that there may be overlap with the provinces/territories in objectives or mandate, but only rarely in activities.

- ❑ Some mentioned that there was occasional duplication with some provincial funding programs which have similar evaluation and funding criteria for community projects. Also, in some isolated instances, overlap may exist between federal initiatives and those of certain jurisdictions when only one or two provinces/territories (usually those with greater resources) are involved in providing a service or program. For example, a program on proper medication use may be available in Alberta but nowhere else. The federal government might undertake a similar activity which might overlap with Alberta's efforts (though they will work bilaterally to coordinate), but also meet the needs of the rest of the provinces/territories.

(b) Program Accomplishments

i. Program Delivery and Coordination

- ❑ According to most program personnel, the program has been very successful in delivery and coordination.

- ❑ Most agreed that DAS/S has been successful at getting seniors' issues on the agenda of other federal departments and levels of governments. In addition, other federal departments have learned to consult directly with seniors on key issues.

  - The Interdepartmental Committee on Seniors Issues, led by Health Canada, coordinates efforts related seniors across the federal government. The interdepartmental committee is key to promoting awareness among federal departments. It holds quarterly meetings on seniors' issues involving representatives of 22 departments.

  - The committee is viewed as a successful vehicle for information sharing and for creating opportunities for collaboration on projects across departments. The policy role of the committee will be strengthened in the future pending approval of a new Terms of Reference. While they are yet to be finalized, the new Terms of Reference will likely provide some scope for the Committee to 1) set priorities for policy and research and programs concerning seniors (based on a new Framework on Aging document); 2) monitor federal government activities against these priorities; and 3) manage cross-departmental files.

  - The committee also serve as a "well-greased network for disseminating information".
  - A few regional officials were sceptical about the cost-effectiveness of these meetings, however.

- Some felt that the level of coordination within the department was also effective. This has been improved in particular in the last two years with the amalgamation of formerly separate entities into the DAS.
  - Most regional staff who were interviewed, however, indicated that there was room for improvement with regards to communication and coordination between Ottawa and the regions.

ii. Partnerships

- Partnerships were viewed as extremely important to the Division. Most felt that DAS/S has been successful at developing partnerships at a number of levels. Indeed, an important criteria for funding projects (both research and community) is the creation of partnerships.
- Many organizations have been involved as partners in the various initiatives undertaken by the Department. The provinces/territories are invariably involved, as well as local and national level professional association (e.g., Canadian Associations of Gerontologists, VON, Alzheimer's Society), and NGOs representing seniors themselves (e.g., One Voice). Strong partnerships have been created at the local and regional level (for example, between seniors groups and rental boards, police departments and local health care providers). Regional officials have helped to form boards and committees which involve themselves, seniors and these community partners.
- Partnerships with the private sector have also begun to take hold in some quarters, although a few respondents indicated that, overall, DAS/S was still not very successful in this area. The general feeling was that the private sector will get involved if they perceive the venture to be a "win-win" proposition.

iii. Achievement of Objectives and Intended Impacts

Increased and consolidated knowledge on aging and seniors:

❑ SIRP and NACA have commissioned research and disseminated findings on a wide variety of topics, including palliative care, caregiver issues and elder abuse. Dissemination in print and through workshops, etc., to the policy and research communities (through SIRP) and to seniors themselves (through NACA) has been successful.

❑ The Canadian Study of Health and Aging was cited by many as a very important example of increased and consolidated knowledge on aging and seniors. The study on the incidence, prevalence and risk factors associated with dementia provides a unique and useful database.

❑ A number of respondents indicated that the SIRP Advisory Committee has made a valuable contribution to information consolidation and sharing by bringing different researchers and stakeholders together.

❑ The Division has sponsored many meetings, fora, workshops, roundtables and conferences on a variety of topics and including a wide cross-section of stakeholders. For example, DAS organized a very successful symposium which brought many policy-makers, researchers and stakeholders together. Opportunities for face-to-face networking are apparently rare and this conference was an excellent opportunity for people to meet and share information. The proceedings of the conference were published and made a significant contribution to the state of knowledge.

❑ Through DAS/S, all governments have put more effort into identifying a knowledge base for policy formulation. DAS/S research responds to this need by setting its research agenda based on literature search and extensive consultations. In addition, some respondents pointed out that both research and community programs are funded based on their potential for responding to identified needs.

❑ DAS/S has worked to improve data bases so that the research community can have sufficient data to do meaningful analysis. For example, DAS/S has worked with Statistics Canada to put questions on the census which are relevant to aging and to increase survey sample sizes for older adults (e.g., to ensure regional level representation).

Providing the information seniors need to make informed choices:

- ☐ The *Seniors Guide to Federal Program and Services* is seen to be an important example of providing information directly to seniors. This guide has been widely distributed to seniors and seniors organizations. It is still in demand and is one of the program's most practical projects.
- ☐ Publications have been prepared to advise seniors on a number of issues including preparing for retirement and stay at home care. The NACA publications, in particular, have had a significant impact in terms of providing useful and timely information to seniors.
- ☐ Notwithstanding the work of NACA, there was some sense that while dissemination of information to governments and national stakeholders has been effective, not all information filters down to individuals.
- ☐ The public enquiries activity/mailing list also responds directly to seniors' needs by providing information and referrals on a wide variety of topics such as housing, transportation, and pensions as well as health issues. The Public Affairs group is said to make a special effort to provide answers to enquiries from seniors (i.e., even when the enquiry does not pertain directly to DAS/S).

The establishment of networks:

- ☐ Many projects have provided funding to national and regional networks of organizations. Coalitions have developed around specific issues (e.g., medication use, injury prevention).
- ☐ Networks within government and across governments have been established through the committees mentioned above.
- ☐ Projects often involve a "train-the-trainer" element (such as the VON foot care program) which, for a small investment, have a beneficial impact on many professionals and seniors.
- ☐ A network of researchers with an interest in seniors' research has been established which would never have occurred without SIRP funding. SIRP research projects have been innovative (e.g., medication, Alzheimer) and they have led to new and productive partnerships being formed as well as the

implementation of alternative approaches to research. SIRP has been successful at helping to bridge the gap between research and policy by allowing researchers and policy makers from different parts of the country to work together.

- ☐ An infrastructure of seniors' organizations and links between them have also been fostered by DAS/S. Some officials suggested that NGOs have "matured" under DAS/S.

The development and promotion of integrated policies and strategies:

- ☐ The recent Framework on Aging document is an example of the Division's efforts to develop an integrated policy on aging. This document is based on federal, provincial, and territorial consultation as well as extensive consultation with seniors. The document was endorsed by the Minister in June. It outlines principles, priorities and a vision around seniors issues.
    - According to one respondent, because it is difficult to get agreement among the different players, the framework tends to be at the lowest level of common interest and agreement.
- ☐ The DAS/S has also been instrumental in raising awareness through position papers and sundry publications (e.g., those of NACA), putting seniors' issues such as caregiver mental health and elder abuse on the map and sensitized professionals to the particular needs and concerns of seniors. Sharing this information with the public, professionals, researchers, policy designers and seniors themselves has led to greater coherence in approaches.

The promotion of a positive and realistic image of seniors:

- ☐ Respondents felt that it was perhaps most difficult to demonstrate impacts in this area of activity.
    - Each year, the Division has at least one or two projects which tackle the issue of the image of seniors. In the past, DAS/S has been involved in funding an NFB video series that presented seniors in a positive yet realistic fashion.
    - The community funding programs have helped seniors in some communities to feel less isolated and increased their self-esteem. In fact, a number of officials argued that the community funding programs have been most successful at promoting a positive and realistic image of seniors because the projects involve many seniors.

- Some felt that given budget cuts to DAS/S and increasing concern about "bread and butter" issues such as the state of the CPP and the Health Care system, this objective was less important.

Providing NACA with the support it requires:

- All felt that DAS/S officials were providing very good support to NACA. The re-organization has permitted a greater range of support available to NACA.
  - One person indicated that as the size of the secretariat has shrunk, overworked staff have found it increasingly difficult to serve two masters.

Promoting innovation:

- For community-based programs under New Horizons: Partners in Aging, one of the criteria for approval of projects is the degree of a proposed project's innovation. A project may be innovative in the types of clients it services, the type of services it provides or the way the service is delivered.
- A number of regional officials were ambivalent about innovation as a funding criteria. On the positive side, they agree that an increasing number of projects could be seen as truly innovative. This has been noted despite an initially slow adjustment on the part of NGOs and other applicants. On the other hand, a few suggested that the innovation criteria sometimes impeded DAS/S' ability to fund projects that might not be innovative, but would nevertheless effectively serve a need.
- DAS/S's work in the research field has yielded a number of innovative approaches to research, as well as many unique and unprecedented partnerships.

iv. Unintended Impacts

- An infrastructure of seniors organizations has been established. As a result of their participation in various projects some of these groups have become very effective lobbyists.

v. Strengths of DAS/S

- ☐ There was general agreement that one of the main strengths of DAS/S was its employees. Staff described themselves as hard-working, dedicated and intelligent.
- ☐ The quality of the research and publications sponsored by DAS/S or directly produced by the Division was widely seen to be a strength.
- ☐ Success at raising the profile of seniors' issues and influencing other federal departments and levels of government to consider seniors' issues and at raising awareness around health issues, such as Alzheimers, were noted by many as accomplishments.
- ☐ The inclusion of various constituencies through networks and partnerships.
- ☐ The creation of synergy among the different elements of the Division (policy, research, programs, education).
- ☐ The shift in the structure of the DAS was viewed as strengthening DAS/S by most of those involved. It has led to closer relations among the different elements (e.g., less isolation, less competition for resources, more focus, a stronger voice within the Department and across the federal government on seniors issues, efficiencies in terms of administrative tasks and more strategic in terms of how resources are allocated).

vi. Weaknesses

- ☐ Funding periods are too short (e.g., the program should not be sunset). The projects are sometimes expected to show impacts within a time frame that is too small.
- ☐ Lack of funding and resources
- ☐ Lack of profile in some regions and local communities
- ☐ Lack of progress in drawing lessons learned from activities, particularly community funded projects. There is a great deal of research and community-based learnings that could be collected, synthesized and communicated. Too

often, projects have come and gone without being enveloped in a research framework. These represent opportunities missed for advancing the state of knowledge. It was suggested by a few that an evaluation component be built into projects, so that "the collective wisdom of having funded projects can be established and disseminated".

- ☐ Similarly, a few felt there was a need for more synthesis in the area of research. They felt that not enough has been done to integrate the lessons learned from the research and the lessons learned from community projects that have been funded.
- ☐ Lack of communications and coordination between Ottawa and the regions.
- ☐ A few felt a lack of a strong conceptual framework has been a weakness in guiding activities. Apparently, this will be addressed by the Framework on Aging.
- ☐ There seemed to be agreement that the former New Horizons program was something of a "boondoggle". The project was not very selective in the types of activities it funded (i.e., social and recreational activities). While seniors groups and politicians who were involved appreciated the program, many Health Canada personnel agreed that this kind of programming was no longer appropriate or affordable for the federal government.
- ☐ Some indicated that the changes wrought by the change in structure had a negative impact on program delivery. For example, community groups were confused by the changes. In particular, the requirement for innovation confused the application process.
- ☐ While the move to focusing on "at risk" seniors was deemed appropriate by most staff, some expressed reservations about the extent to which programs were actually reaching those who were most at risk.

(c) Alternatives

i. Cost-Effectiveness of Programs/Activities Supported by DAS/S

- ☐ According to interviewees, there is very little, if any, evidence on the relative cost-effectiveness of different elements of the program. Part of the challenge involved in estimating cost-effectiveness is based on the fact that different activities have different objectives and time frames.
  - Some noted that all activity areas are reviewed prior to funding to ensure need and relevance.
- ☐ While there was no consensus on the issue of cost-effectiveness, there was a tendency among some regional officials to feel that some of the research activities of SIRP were somewhat far removed from the practical needs of seniors, and that as a result, they might not be as cost-effective as DAS/S's other elements.

ii. Essential Areas for DAS/S Involvement

- ☐ There was a general feeling that it would be myopic for the federal government to fail to capitalize on the expertise, experience and contacts which have been accumulated in DAS/S.
- ☐ Respondents agreed that any areas which were abandoned by Health Canada would likely not be taken up by others.
- ☐ Quite a few noted that if DAS/S were diluted, the federal government would be forced to respond to need by reconstituting an organization like DAS/S at some point in the future.
- ☐ For most, research was a critical and very successful component of DAS/S. They felt that this was an area where the federal government could continue to add a great deal of value by playing the lead role in setting the research agenda, funding, coordinating partnerships and disseminating results.

- ☐ Developing and guiding policy at a national level was widely identified as a key role. There was strong agreement that Canada needed a group of experts that could provide an overall national framework for the formulation of policy and the identification of supporting research needs.
- ☐ Helping to develop partnerships was seen as particularly important in an era of shrinking resources.

iii. Non-Essential Areas for DAS/S Involvement

- ☐ The majority of program personnel were very reluctant to identify programs as essential or not essential. The strategy is viewed holistically — the levers available to the Division are dependent on one another. Removing some program activities was predicted to have a serious negative impact on the others. For the most part, respondents preferred that no activity be cut entirely.
- ☐ As mentioned in a previous section, in the eyes of most officials, the choice about where the future emphasis of Health Canada's activities should lie pitted research against community funding programs. Overall, the trend of the federal government toward devolution suggested to many research advocates that community-based programs were an area where the program could withdraw some of its attention. Many suggested that the DAS/S should focus more on funding demonstration projects, evaluating them and disseminating the results in order to promote the development of successful approaches.

iv. Alternative Program Mechanisms and Structures and other Improvements to DAS/S

- ☐ Overall, there were very few recommendations for new or alterative program mechanisms and structures. The following represent individual comments.
- ☐ Access to the Minister appears to be a source of frustration for some. The view is that there are too many levels between the program and the Minister. The reorganization meant DAS reported to a DG rather than an ADM, as before. This perhaps suggests a loss of importance in the Department.

- ☐ Funds are currently skewed toward programs and away from operations. Health Canada should consider shifting some program resources to operation to afford greater internal policy development.
- ☐ In coping with the downsizing and regionalization there must be increased use of communications tools and approaches such as teleconferences and computer technology.
- ☐ Even if DAS/S is included in a new organization based on a population health strategy, it would be advisable to develop a structure that allows experts on seniors/aging to be concentrated, for example in a "later life" group.
- ☐ Funding programs should be coordinated across federal departments. This would make it easier for applicants.
- ☐ One regional official suggested that funding criteria for community projects be determined at the regional level in order to better target funding to local needs.

3.4 Interdepartmental Committee on Seniors Issues[16]

[Note that interviews with Interdepartmental Committee members were conducted with a relatively truncated version of the interview guide. Members did not have the level of familiarity with the program necessary to respond confidently to issues around DAS/S program accomplishments. These interviews focused instead on priority issues for seniors, the role of the federal government (and Health Canada and DAS/S) and coordination of federal efforts on seniors' issues.]

Seniors' and Aging Issues

- ☐ All respondents agreed that seniors and aging issues are highly relevant in Canada today and there is a continued need to plan for and address these issues.

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[16] Note that the IDCSI was instigated by Health Canada less than two years ago. Therefore, the bulk of the activities and realizations to date are typical of a young structure (e.g., information sharing, development of a broader common understanding), and the IDCSI is now faced with and/or addressing issues pertinent to the next phase of intersectoral, interdepartmental processes (e.g., future role of the committee, development of working collaborations and shared initiatives, attendant resource implications).

The demographic facts alone are very compelling and argue for sustained interest in seniors' issues. The movement of the baby boom generation into their senior years is expected to give rise to a wide variety of problems and pressures on current systems. Key issues include:

- ***Income security.*** While incomes of seniors have increased in the last two decades, there is a portion of this age group who continue to live in poverty (particularly unattached women). Even among those with sufficient incomes, there is increasingly a generalized sense of insecurity or uncertainty about the future in the face of great change. Income security issues include government financial support for seniors as well as providing the means and information for pre-seniors to prepare for retirement and for seniors to better utilize their existing resources at retirement.

- ***Health issues.*** In general, pressures on the health care system will increase as the proportion of Canadians in the older age categories increase. Specific diseases and health issues related to seniors such as medication use and elder abuse will also need to receive increased attention.

- ***Intergenerational equity and intergenerational tensions.*** The changing size and composition of age groups in society, together with shrinking available resources, will require careful management and balancing of priorities.

- ***Independence.*** There are significant issues around seniors' independence and, in particular, institutionalization versus community-based care. There is a preference for seniors to avoid institutionalization and remain as independent as possible for as long as possible. However, families and communities are currently not well-equipped for this type of care. Issues such as community-based health and social services, appropriate housing options and caregiver issues will become increasingly important.

- ***Continued contribution.*** The aging population and longer retirement and longevity mean that options must be sought to include seniors as meaningful contributors to society. Current work and social systems often do not have the flexibility to include seniors. Employment options such as partial retirement are an example of a policy which would allow seniors to downgrade their commitment or activities but continue to make a contribution in this area without fully withdrawing.

Federal government role

☐ There is substantial consensus among those interviewed that the federal government must reduce its role in the area of community-based programming or direct service delivery. Provinces/territories and communities, being closer to seniors themselves, are viewed as being better equipped to undertake these activities. There is a concern that direct service delivery may be an unwanted intrusion into provincial jurisdiction and has the potential for overlap with existing local activities.

Several respondents noted that the federal government may have a limited role to play in program design in terms of design and implementation of demonstration or pilot projects. This limited role would involve identifying more effective approaches or program models. This knowledge could then be used by other jurisdictions.

❑ Other roles which the federal government should play in the area of seniors and aging issues include:

- ***Income support***, specifically statutory programs such as OAS and CPP;
- ***Planning*** for a strategy for an aging society. This might include clarifying the implications of demographic/mortality trends, examining policies and options which are necessary to address issues of an aging society and preparation of infrastructure, legislation, etc. to address these issues.
- ***Research*** on the status of Canadians, health, wellness and risk factors for disease. There are economies of scale in conducting national level research. As well, for many issues there are potential solutions which cut across jurisdictions.
- ***Coordination***, facilitation of efforts across provinces/territories.
- ***Policy leadership*** such as development of conceptual approaches based on research and piloting.
- ***Information dissemination***, making sure research, program and promotion information is shared with senors, and government and non-governmental organizations.

Federal Government Coordination

❑ There is a consensus among committee members that an interdepartmental committee around seniors issues is a useful and necessary organization.

❑ In general, IDCSI members agree that the committee has performed a valuable role in terms of information exchange and sharing experiences. The committee has permitted opportunities for members to understand the current initiatives of various departments and has raised awareness generally around seniors and aging issues. The IDCSI ensures that there is no duplication of effort among departments and has, in some instances, identified areas of collaboration and/or support among departments. Finally, the committee has created a network of those interested/working in the area of seniors and aging in the public service.

- ☐ A working committees from the IDCSI has recently completed some conceptual work on developing a Framework on Aging. This framework is based on consultation with the provinces/territories, departments and seniors. The document was recently approved by the federal Minister of Health and will form a conceptual basis for future government activities in the area. At least one committee member questioned the relevance of the framework document and other products, arguing that they lack relevance and have a tendency to "overpromise" supports to seniors, particulary in light of shrinking government resources and devolution of responsibility.

- ☐ The committee is viewed as being weaker in terms of a more active policy-related role. The Terms of Reference for the IDCSI are currently being redrawn to reflect a stronger position on these issues.

  While most members believe it is useful to review the committee's Terms of Reference, there is some uncertainty about what role the committee might reasonably be expected to assume. The members interviewed generally agree that the role of the committee should be strengthened in terms of articulating priorities for federal government action, based on the new Framework on Aging, and examining the cross-sectoral impacts of priorities. Priorities may then be used to guide and monitor policies and activities across departments, ensuring that they are focused, consistent and closely linked to needs.

  Some IDCSI members believe the committee may play a role in managing cross-departmental files or projects. This seems overly ambitious to others who believe that the committee does not have the appropriate membership or authority for this type of activity.

- ☐ The departmental location for leading the coordination of federal efforts on seniors' issues is something of an open question. While there are valid reasons for Health Canada assuming this responsibility, there are other departments who could also reasonably assume this role. Human Resources Development Canada (HRDC) was raised as a possible alternative by several members (and one other department also provided a rationale for its assuming the lead). HRDC has a strong interest in seniors' issues by virtue of its responsibility for income security, employment and social programs. There was no clear consensus among committee members on the lead department.

3.5 National Advisory Council on Aging

(a) *Program Relevance*

i. *Continuing Need for and Relevance of DAS/S*

- ❑ All agreed that there was a continued need for the federal government, through Health Canada, to devote resources and attention to seniors' issues and the study of aging. Four principal reasons were put forward for sustaining federal involvement at no less than current levels: 1) to meet the needs of an aging population; 2) to ensure that issues are examined from a national perspective; 3) to facilitate coordination among the various players involved with seniors' issues and aging (e.g., provinces/territories, NGOs, private sector); and 4) to ensure that large or specialized research initiatives continue to receive funding (since most provinces/territories might have neither the inclination nor the resources to fund such activities).

- ❑ There was strong agreement that the most pressing needs of seniors revolve around health care (i.e., from acute care to long-term care and prevention) and financial security. At the same time, interviewees shared the belief that all of the major needs, such as independence, transportation, shelter, intergenerational understanding and acceptance, etc., were interrelated and thus necessitated the adoption of a holistic approach. Notwithstanding this view, health and financial security needs were identified as the most important issues since they had the most influence on other needs.

- ❑ A number of current and former NACA members also indicated that there continued to be a great need for educating seniors. Disseminating information about medical issues, such as the proper use of medication, was identified as a pressing need. Also, a number of interviewees indicated that seniors needed to understand that in an era of reduced government spending and a concomitant reluctance on the part of Canadians to pay higher taxes, expectations about government programs needed to become more realistic. As one NACA member phrased it: "Seniors have to learn how to distinguish between wants and needs."

ii. The Role of Health Canada and DAS/S

- ❑ Interviewees had varying degrees of familiarity with the work of DAS/S beyond NACA. Overall, however, there was strong agreement that Health Canada needed to continue to play a leadership and funding role with respect to aging and seniors' issues. In fact, interviewees felt that DAS/S represented the federal government's "commitment" to seniors and encompassed many crucial programs. They predicted that the absence of DAS/S, or a similar set of programs, would leave a tremendous information void at a time when many of the key fiscal and health issues facing the country in the coming years would be largely influenced by Canada's rapidly aging population.

- ❑ A number of interviewees also noted that it was crucial for Health Canada to play a significant role in seniors' issues given that health care is arguably the most important issue to seniors. Since Health Canada is chiefly responsible for administering the Canada Health Act and for funding a large proportion of the health care system in Canada, it was most appropriate for the government's lead seniors and aging agency to reside within this Department.

- ❑ Interviewees felt that Health Canada should maintain a council or committee, like NACA, to advise the federal government and the Minister of Health on policy issues related to seniors and aging.

iii. Areas of Duplication or Overlap

- ❑ Only scant mention was made of possible duplication and overlap. Interviewees acknowledged that there existed the potential for overlap between the work of NACA and similar provincial councils. All agreed, however, that NACA and the provincial committees which were established to advise provincial governments on seniors' issues mainly complimented each other.

(b) Program Accomplishments

i. Program Delivery and Coordination

- ☐ There was some concern expressed that positions on NACA were left vacant for long periods of time[17]. For most of its existence the Council appeared to function with between six and 12 members. It was originally intended that 18 members sit on the Council.

- ☐ The Health Canada officials who formed NACA's secretariat received lavish praise from the current and former NACA members who were interviewed. The secretariat's expertise and hard work were described as essential ingredients to NACA's success, particularly in the areas of research and publishing. Staff were also praised for being very cooperative, dedicated and intelligent.

ii. Partnerships

- ☐ A number of formal and informal partnerships were formed between NACA and other organizations and individuals involved in seniors issues and aging. Perhaps the most important was the role NACA played as intermediary between the federal government and grassroots seniors organizations. While NACA was not formally allied with any seniors groups, the popularity of their publications and policy papers led many local seniors' organizations to then communicate with NACA. NACA not only provides information to seniors' groups, they also listen to them. The feedback NACA obtained from seniors groups informed their priorities and also helped them brief the Minister. Relationships were also formed with provincial advisory councils and with the research community.

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17. DAS personnel noted that Council appointments tend to be in large blocks; thus the departure of members is not staggered, but occurs in large segments and the Council can face numerous vacancies and very small membership if appointments are not made promptly.

iii. Achievement of Objectives and Intended Impacts

- All participants agreed that the main objective of NACA was to provide advice to the federal government, particularly the Minister of Health, on seniors issues and aging. If this objective is assessed in terms of "influence" over government policy, collectively, those who were interviewed felt that NACA had moderate success. Many were also quick to add that it was very difficult to gauge the influence that NACA had on the government.

  Interviewees expressed confidence that the Minister of Health had the opportunity to know the views of NACA through the position papers and other documents which were produced by the Council and by the briefings which the Minister received from time to time from the Chair of NACA. Some felt, therefore, that the cumulative impact on the federal government of the information which emanated from NACA may have been significant. Yet, most had the feeling that it was difficult for NACA to obtain the Minister's attention.

  In terms of concrete impacts on policy, the most popular example given by interviewees was a meeting the Council had with the Minister of Finance prior to the tabling of the last federal budget. They felt that the Minister listened carefully to their policy position on pensions and related issues, and that in the end, the position of the government as articulated in the budget, was fairly consistent with NACA's.

- A number of interviewees explained that NACA served as a lynch-pin between the federal government and seniors' groups. The Council's expertise, objectivity and close proximity to the Minister earned them credibility from disparate and sometime vociferous senior's advocacy groups. From the government's perspective, NACA thus served as an efficient and articulate source of expression for the needs and concerns of Canadian seniors, while also explaining the government's positions to seniors.

- There was agreement that the networking activity which NACA members undertook in their communities served as a very cost-effective way of having a "federal presence" in the regions.

- Interviewees agreed that one of the main achievements of NACA was the quality and popularity of the publications they produced. According to those who were interviewed, the publications not only made a contribution to advancing the state of knowledge and research (e.g., gerontology), but perhaps more impressively, attracted a great deal of attention from seniors organizations. The feedback received by NACA about their publications was overwhelmingly positive.

- ❑ NACA publications were used by various types of seniors' groups across the country, MPs and provincial governments. Some groups used the publications to educate seniors in their communities about key issues. Other groups used the information to make presentations to various levels of government. Collectively, NACA publications dealt with a large number of topics in varying levels of depth. For example, a regular publication entitled *Expressions* focused on retirement income, euthanasia and living a healthy lifestyle, among many other issues. This publication also contained vignettes on aging which were very well received by readers.
- ❑ Another specific achievement was the Public Forum on Seniors and Medication, broadcast live on CPAC in January 1995, which brought together a number of experts and stakeholders in a fairly high profile discussion of issues surrounding seniors and medication. There was agreement that this forum had a significant impact, both on seniors and the medical professionals.

iv. Unintended Impacts

No unintended impacts were identified.

v. Strengths

- ❑ The main strength of NACA was said to be the quality and popularity of its publications. The latter were also described as very timely and topical. For example, NACA's position paper on pensions was available at a time when a national debate on the issue was emerging.
- ❑ The respect and visibility which NACA earned among grassroots organizations was also identified as a major strength of NACA's work.
- ❑ Another strength of NACA was the rich mix of experience and expertise brought to the table by the members.

vi. Weaknesses

- Interviewees were hard pressed to identify any weaknesses with NACA or DAS/S, other than to suggest that seniors programs were underfunded and that further cuts would have a negative long-term impact on our aging society.

- The main weakness identified which pertained to NACA was the lack of a more formal relationship with the Minister. While NACA publications were systematically sent to the Minister's office, the Chair of NACA's relationship with the Minister could best be described as *ad hoc*. Some frustration was expressed that because there was not a systematic or regular way for NACA communicate with the Minister, NACA's influence was lessened.

(c) Alternatives

i. Cost-Effectiveness of Programs/Activities Supported by DAS/S

- There was some agreement that the NACA was cost-effective since members often conduct activities without compensation (e.g., consult with seniors groups, participate in local meetings, review position papers, participate in events in another role yet give visibility to NACA).

ii. Essential Areas for DAS/S Involvement

- Despite what most interviewees felt was moderate success at influencing the federal government on seniors' issues, all who were interviewed felt that this role should continue. They explained that there were relatively few avenues available to directly sensitise the government to issues related to aging and seniors, and that the Council, or a similar committee, would remain an effective way of keeping the federal government alerted to key issues related to seniors and aging.

☐ It was also felt that the research and publications produced by NACA were very valuable and that Health Canada should therefore continue to fund the production of NACA-type publications.

☐ Some felt it was essential for Health Canada to focus on the elderly who were living in poverty and seniors who are most at risk.

iii. Non-Essential Areas for DAS/S Involvement

☐ While all agreed that a holistic approach to improving the lives of seniors was the most appropriate, some felt that if emphasis had to be placed on certain issues, health care and financial security were the most important. As a result, some felt that activities aimed at what they considered to be secondary objectives, such as promoting acceptance and understanding, could be diminished.

iv. Alternative Program Mechanisms and Structures

☐ Given the context of fiscal restraint, there was agreement that the work of NACA could be accomplished with fewer resources. Suggestions for alternative delivery mechanisms mainly revolved around reducing the size of the Council and its secretariat.

☐ Some felt that NACA could still be effective without representation from each province and territory, but that regional representation was still required.

☐ It was also suggested that a more formal relationship be established between NACA and the Minister of Health. For example, one which might call on the Chair of NACA provide a monthly briefing to the Minister.

☐ One respondent felt that NACA members should have the mandate and opportunity to more proactively reach out to community/grassroots organizations.

v. Other Improvements to DAS/S

- ☐ Some identified a need to leverage more volunteer work from seniors. Seniors continue to constitute a largely untapped human resource.
- ☐ One person felt there was a need for better coordination between the federal government and the provinces/territories with respect to funding. It seems for example, both levels of government provide seed funding for projects, when the need for continued financial support (or core funding) is often left unmet.

3.6 Provincial/Territorial Government Representatives

- ☐ The knowledge of provincial/territorial representatives regarding the DAS/S varied quite substantially. While some were extremely familiar with the objectives and programs of DAS/S, the knowledge of others tended to be more focused around the programs, particularly the community funding programs. Most respondents, however, had at least a general awareness of the DAS/S.

(a) Program Relevance

i. Continuing Need for and Relevance of the DAS/S

- ☐ Provincial/territorial representatives identified a number of needs facing seniors today. While diverse, there were a number of needs which emerged frequently (from most frequently mentioned to least):
  - income;
  - adequate and affordable housing;
  - health related needs (e.g., prevention, quality health care, access to health care);
  - independence (e.g., assistance in the community, self-help groups, companionship);

- information (e.g., on practical technology, regarding services); and
- transportation.

Examples of other needs identified include: participation in decision-making; integrated government services; safety; and social attitudes.

❑ When asked which groups of seniors respondents felt were most "at risk", the group most often identified was seniors with low income. Other "at risk" groups identified by provincial/territorial respondents include: seniors with no family or support groups; socially isolated seniors; seniors living in rural or geographically isolated areas; seniors with low literacy; and Aboriginal seniors.

❑ Initiatives/programs aimed at seniors within the provinces/territories vary widely. Some provinces/territories have quite extensive programming which undertakes functions similar to the DAS/S, but at the provincial/territorial level (e.g., coordinates provincial/territorial programs) and which involve seniors in the decision-making process. On the other hand, there are some provinces/ territories that have very little in terms of programming for seniors. Some provinces/territories also have NACA-like organizations which provide advice to the provincial/territorial governments much like NACA does to the federal government. There does not appear, however, to be anything as extensive as the DAS/S (with all its functions and activities) operating at the provincial/territorial level.

❑ By far the majority of provincial/territorial representatives do not feel that their approach to seniors programming has changed due to the DAS/S. For those provinces/territories that indicated a change, the most concrete example of change provided was the development of a committee which focuses on community care. Another respondent indicated that their province's approach had been changed indirectly by being exposed to the DAS/S' programs which had resulted in increased awareness of seniors issues. Some of the provinces/ territories that did not feel their approach had changed commented, however, that through the DAS/S they had a better understanding of the issues and that the DAS/S had raised their awareness of issues and concerns of seniors.

❑ Although a few provincial/territorial representatives could not respond as to whether the activities of other stakeholders had changed due to Health Canada's activities under the DAS/S, others indicated that there had been change. Funding of community projects was the primary way in which the DAS/S had influenced other stakeholders. According to one respondent, the activities of stakeholders change to whatever the funding criteria happens to be. There is mixed reaction as to whether or not the changes that have occurred have been positive or negative. On the positive side, organizations can now do more (e.g., surveys), they can organize their activities better, and they have had to look closer at policy and research questions. The downside is that, in some cases, the funding provided kept the organizations afloat until the funding ended and the activities that were undertaken did not always address the needs of seniors at risk.

- ☐ While the majority of provincial/territorial representatives feel that their activities would have taken place with or without the DAS/S, there is no question that the DAS/S has had significant effect on the health, well-being and independence of seniors. The DAS/S has raised awareness of seniors issues and provided leadership on these issues. It has also had a significant impact through the generation and sharing of information across provinces/territories. In some provinces/territories, it has enhanced their knowledge, making their jobs easier and improving their policy making abilities.

- ☐ Not surprisingly, the majority of provincial/territorial representatives also feel that the dismantling of the DAS/S would have a very negative effect on the future health, well-being and independence of seniors. It was felt that there would be no national focus and it would be difficult to carry out coordination and cooperation between the different levels of government.

ii. *The Role of Health Canada and DAS/S*

- ☐ Perceptions as to what the federal role should be in addressing the needs of seniors varied widely amongst provincial/territorial representatives. Information (generation and sharing) was the most often cited role for the federal government. The federal government was also seen to have an important role in providing a national perspective, and ensuring portability, consistency and universality of services through the setting of national standards and policy. Finally, coordination of activities was seen as a relevant role for the federal government.

- ☐ As with the federal role, perceptions of the role of Health Canada also varied. Again, information generation (e.g., highlighting of inequities) and sharing emerged as what provincial/territorial representatives feel the Department's primary role should be. The coordination of federal government activities, research and addressing health issues were also noted.

- ☐ Although a variety of roles were suggested, information generation (e.g., highlighting inequities) and sharing along with research and collaboration with other jurisdictions were the most often cited roles for the DAS/S provided by provincial/territorial representatives. It was suggested by a few respondents that the DAS/S needed to be empowered and given a broader mandate (e.g., address issues other than health) in order for it to have any real influence or effect.

- The majority of provincial/territorial representatives believe there is a continuing role for the DAS/S to play in terms of preserving the health and well-being of seniors. Suggested roles were diverse and included suggestions such as: promotion; coordination; collaboration; funding; community development; innovation; and advocacy. Research and information generation and exchange were, however, the most often cited.
- Provincial/territorial representatives suggested a number of roles for the DAS/S to take on to ensure the preservation and improvement of seniors independence. While the main roles suggested were research and advocacy, examples of other roles mentioned include: promotion; collaboration; coordination; funding; and the establishment of priorities.
- Not surprisingly, most provincial/territorial representatives feel that the primary way for the DAS/S to increase society's understanding and acceptance of seniors is through promotion. Other roles cited include: research; information sharing; and leadership.
- There was next to no consensus as to what the DAS/S's role should be in eliminating barriers to seniors involvement and participation in society. Promotion/public education, research, ensuring seniors are involved in decision-making (e.g., encourage their participation at the provincial/territorial and municipal level) and national policy/standards were the only roles suggested by more than one provincial/territorial respondent.
- There is no question in the minds of provincial/territorial representatives that there is a coordination role to be undertaken within the federal government for seniors/aging initiatives. According to one respondent, coordination is important to ensure that there is a consistent approach to seniors at the federal level from all departments. The need for consistency across provinces/territories was noted by another respondent. One respondent elaborated on the need for coordination saying that, more than just coordination, the DAS/S needs the power and authority to influence decisions being made by other departments. It was felt that leadership is needed to ensure collaboration, coordination and information sharing. Particular emphasis was placed on better collaboration and partnership between the federal government and the provincial/territorial governments by a number of the respondents. High priority areas mentioned by a few respondents were income, housing and transportation.

iii. Areas of Duplication or Overlap

- ☐ The majority of provincial/territorial representatives indicated that there is no overlap between their activities and the activities of the DAS/S. In some instances, it is believed that the DAS/S compliments the provincial/territorial activities and in other cases it is the province/territory that compliments the DAS/S's activities. Many respondents also felt that the DAS/S supplements their activities. In some provinces/territories, the DAS/S supplements their activities by providing the funding and resources for community development which the provinces/territories do not have. Interestingly enough, for those provinces/territories in which some overlap was indicated, it was in the area of funding. The main reason provided for why overlap **does not** happen is the close working relationship between the provinces/territories and Health Canada's Regional Offices. The primary reason provided for why overlap happens is the lack of provincial/territorial input into what local projects the Department funds.

(b) Program Accomplishments

i. Program Delivery and Coordination

- ☐ It is believed by the majority of provincial/territorial representatives that the DAS/S has increased and consolidated knowledge on seniors, although one respondent indicated that they would like more provincially relevant information (e.g., statistics). Those respondents who did not express this belief that knowledge had been increased and consolidated indicated simply not knowing whether it had or not. The primary way that the increase and consolidation of knowledge is occurring is through publications (namely NACA publications but also the Division's newsletter) and research. Although not mentioned as often, community funding programs, advice to the Minister and symposiums are also seen as contributing to this accomplishment.

- ☐ While there is general consensus among provincial/territorial representatives that there has been an increase and consolidation of knowledge, there are mixed feelings about how well this information is being disseminated. While some believe that dissemination has been good with publications, particulary NACA publications, reaching as many people as possible, others believe that dissemination around research has not been as good. Some respondents were unable to comment on how well information was disseminated.

- ❑ Many respondents found it difficult to say whether the research and knowledge development activities of the DAS/S were meeting the needs of seniors. According to one respondent, there is often a debate between program people and researchers as to what research needs to be carried out. Others feel that the DAS/S's activities (e.g., SIRP, NACA publications) raise valid issues and, at least in the broad sense, are meeting the needs of seniors.

- ❑ The views of provincial/territorial representatives as to whether the DAS/S has developed and promoted integrated policies and strategies were limited. A large number of respondents indicated simply not knowing. Others felt that if they had, the integration of policies was in its very early stages. Another respondent, however, indicated that policy and program development was the major strength of the DAS/S. This respondent went on to say that the DAS had taken the lead role in the federal/provincial/territorial working group and the work they had done was outstanding. This same respondent indicated that the expertise of the division was outstanding and very useful in terms of getting things going in the different jurisdictions.

- ❑ Overall, provincial/territorial representatives feel that, while the level of coordination between the federal government and the provinces/territories has been good, there is room for improvement. The importance of this coordination role is also recognized by the majority of respondents. According to one respondent, this is a federal role and another respondent questioned who else would do it if the DAS did not. One respondent, however, challenges whether or not the federal government has a coordination role as he views the relationship between the two governments as an equal partnership and not as one level of government coordinating the activities of both levels.

- ❑ Federal and provincial/territorial cutbacks have impacted on most of the provinces/territories. Impacts have ranged from limiting programming specifically targeting seniors to reductions in information for seniors to the need for program people to justify their funding and prove there will be an outcome. In some provinces/territories budgetary cutbacks has resulted in a "scrambling for dollars" due to greater demands.

- ❑ There is not as much certainty among provincial/territorial representatives as to the impact the Canadian Health and Social Transfer (CHST) will have on their programming. For some provinces/territories it is still a "wait and see" situation. For other provinces/territories, however, the outcome is much clearer. According to one respondent, seniors in that province consume 50 per cent of their health budget. Consequently, any reductions in the area of health will affect seniors. Another respondent indicated that with the CHST, priorities will have to be set and seniors may lose.

ii. Partnerships

- ❑ Provincial/territorial representatives were divided as to whether networks between seniors and other sectors had been developed through the DAS/S. While some respondents indicated that these networks had been developed, it was not seen to be as a result of the DAS/S. Others still were not aware of the existence of any networks. One respondent indicated that while networks had not as yet been developed, network development was in process. A few respondents indicated being aware of networks having developed between seniors and other sectors through the DAS/S activities, such as conferences and community funding programs.
- ❑ The majority of provincial/territorial representatives were aware of networks between researchers. The primary source of these networks is believed to be SIRP, although some respondents indicated that some of these networks may have existed before.
- ❑ At least some degree of partnership development was recognized by all provincial/territorial representatives. Partnerships have been noted between the federal government and provincial/territorial governments as well as with non-government organizations. There is not agreement, however, on the catalyst of these partnerships. While the DAS/S has been credited with some of the partnership development, some respondents feel that partnerships were developed because people recognize the need to work together or because they feel it is an important issue and not because of the DAS/S. A few respondents also noted that partnerships were to an extent forced onto funding applicants as partnering is a requirement of the New Horizons: Partners in Aging program.

iii. Achievement of Objectives and Intended Impacts

- ❑ According to provincial/territorial representatives, it is questionable as to whether the DAS/S has provided seniors with the information they need to make informed choices regarding their health, well-being and independence. While many provincial/territorial representatives feel that an attempt has been made, the question remains as to whether seniors are receiving this information. One respondent questioned whether this task was even possible given the number and diversity of seniors. Another respondent indicated that the information was there, but it was up to the seniors to read it or not.

- ☐ Provincial/territorial representatives were in agreement that the DAS/S had promoted a positive and realistic image of seniors. The DAS/S has achieved this primarily through its publications and community funding programs. One respondent also indicated that this had been achieved through the DAS/S' raising the image of seniors as a priority. A few respondents indicated being uncertain as to whether the DAS/S' activities had had any impact.

- ☐ Opinions as to whether the DAS/S is reaching all the major segments of "at risk" seniors were mixed. While some respondents felt that this objective was being achieved, at least indirectly, others felt that there were still "at risk" groups being missed (e.g., isolated seniors, Aboriginal seniors). A few respondents indicated, however, that reaching all "at risk" seniors is a task that is just not achievable. According to one respondent, there are some "at risk" seniors that just want to be left alone.

- ☐ The extent to which the Division has met the most important needs of seniors is uncertain. While some respondents felt the Division had done a pretty good job (e.g., through surveys and research) within the scope of what they can do, others felt that needs such as the need for information or the need for access to those things which would help them remain healthy had not been met. One respondent stated that meeting the needs of seniors is a provincial/territorial responsibility as it involves service delivery. Therefore, the DAS/S should not be trying to meet the needs of seniors.

iv. Unintended Impacts

- ☐ The majority of provincial/territorial representatives were unable to provide any examples of unintended impacts. The main example that was provided was the resulting dependency of seniors organizations who had received funding through the community funding programs. Once funding ends, they would often turn to the province/territory for additional funding and the province/territory is usually not able to comply.

v. Strengths

- ❑ Overall strengths of the DAS/S identified by provincial/territorial representatives varied widely. Although mentioned by no more than two respondents each, the main strengths noted include: leadership role (e.g., provides leadership to other federal departments and other levels of government on addressing seniors needs); knowledgeable staff; research (e.g., if they don't do it, no one else will); generation and dissemination of information (e.g., readable information that is widely distributed); and funding (e.g., gets seniors involved). Examples of other strengths mentioned include: collaboration; linkages to international scene; national voice; promotion; and the high profile of NACA.

- ❑ Most provincial/territorial representatives were able to comment on what programs or activities they feel are most beneficial to seniors health, well-being and independence. Although responses varied, the most often cited activities were the dissemination of information and knowledge, community funding programs and SIRP. Publications, programs addressing transportation issues and activities which involve the collaboration of and cooperation between provinces/territories and the federal government were also seen to be beneficial. Few activities were noted as being less beneficial than other activities. Examples include: projects not done in collaboration with the provincial/territorial government, information packages; and "perhaps" New Horizons.

vi. Weaknesses

- ❑ The most commonly noted weakness (albeit by five respondents) was the lack of coordination between provinces/territories and the federal government. Other weaknesses noted include: lack of information on projects at the provincial/territorial level; no mission or vision as to what the DAS/S does; overlap; and communicating what the DAS/S has accomplished to the rest of society.

(c) Alternatives

i. Cost-effectiveness of Programs/Activities Supported by DAS/S

❑ Only a few respondents were able to comment on which programs they felt were most cost-effective. The Seniors Community Funding programs (specifically New Horizons and New Horizons: Partners in Aging) as well as NACA and SIRP were the most often mentioned. According to one respondent, the reality is that programs such as community funding programs keep seniors independent. Information generation and sharing was also seen as cost-effective as this would prevent people from reinventing the wheel.

❑ A few respondents also expressed an opinion as to which activities they viewed as being the least cost-effective. These activities included: federal/provincial/territorial working group (e.g., unclear as to how effective these meetings are); funding programs (e.g., sometimes projects are not funded appropriately); and information generation (e.g., it can be costly and it is difficult to assess the outcomes or impact).

ii. Essential Areas for DAS/S Involvement

❑ A number of different areas were identified by provincial/territorial representatives as being absolutely essential for the DAS/S to retain. The most identified areas were (in descending order of frequency):

- research;
- coordinating services;
- policy;
- funding;
- NACA; and
- national standards.

Other areas mentioned included: information sharing; leadership; publication activities; and advice. One respondent further commented that, while there were areas that needed to be retained by a federal body, that body was not necessarily Health Canada. The DAS/S could be placed under another federal department

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(c) Other Improvements to the DAS/S

❑ There were a few suggestions for ways in which the provincial/territorial representatives felt that the DAS/S could be improved. The most frequent suggestion was for better coordination and collaboration between the provinces/territories and the federal government. Examples of other suggestions for improvement include: have a formal connection to big business (e.g., banks); and better policy coordination for all seniors issues with all programs and departments.

3.7 Stakeholders

(a) Program Relevance

i. Continuing Need for and Relevance of DAS/S

❑ The stakeholders interviewed identified what they feel are the most important needs of today's seniors. These needs include: health care needs (physical and mental) and economic related needs; information related needs; and needs pertaining to seniors participation in society. Other types of needs which do not fit into any of the above categories were also mentioned.

❑ Health and other basic needs were recognized by the vast majority as the most important needs of seniors. They include:

- Adequate health care;
- Mental health needs;
- Access to services when needed. There has to be quick response with no waiting lists as their situation can deteriorate very rapidly.
- Good nutrition;

such as Human Resources Development Canada (as the largest amount of money that goes to seniors comes out of this department).

iii. *Non-Essential Areas for DAS/S Involvement*

☐ Seniors Community Funding Programs was the primary area identified as being one which the DAS/S could devolve. It is important to note that, while the majority of provincial/territorial representatives felt that the community funding programs could be handed over to the provinces/territories to administer, there is the realization that, in most cases, the funding would have to still be provided by Health Canada as the provinces/territories do not have the resources. Some respondents expressed concern over devolving pieces of the DAS/S as there is uncertainty as to who else would be able to take on the activities/responsibilities. There was also concern over losing the national focus of the programs if they were devolved.

iv. *Alternative Program Mechanisms and Structures*

☐ There were a limited number of suggestions provided by provincial/territorial representatives for alternative program mechanisms and structures. Ideas presented include:

- develop a way/mechanism that would address sustainability issues (ability for community projects to remain ongoing) and evaluation (how do you evaluate these programs to determine their effectiveness);
- develop a mechanism (e.g. forum) that would ensure balanced and valid public input into services for seniors (non-government organizations and advisory councils do not always do a good job); and
- Human Resources Development Canada and Health Canada need to have a closer working relationship which would allow the departments to better see, for example, what the impacts of income are on health.

- Adequate housing;
- Protection from crime, violence, frauds and scams;
- Home care (health, things done around the home such as removing drapes, washing windows);
- General quality of life;
- Mental stimulation;
- Transportation, mobility: need good adapted transportation with low costs (e.g., buses lower steps); and
- Money to train and provide support/assistance to caregivers.

☐ Economic needs are also important according to many stakeholders and include:

- Adequate pensions and adequate individual income levels.
- Although not considered seniors *per se*, one respondent identified the need to provide assistance for unemployed individuals between the ages of 55 and 65 and to undertake research on these issues.

☐ Stakeholders also identified a number of information-related needs. Many of the stakeholders indicated that seniors need be adequately informed on a number of issues such as:

- Seniors must become more active and need to be informed about the importance of physical activity. We need senior leadership to promote this, to organize this.
- Information on who to talk to obtain specific information.
- Seniors need information on places where they can stay when they are no longer able to live independently.

☐ A generic "participation in society" category may also be distinguished among the variety of needs identified. They include:

- General continued integration to society by remaining active. With current changes in society regarding families, social security and new technologies, it is important that seniors are not left behind, remain active and continue to contribute to society.

- Seniors also need a sense of usefulness.

❑ Other needs identified by stakeholders were:

- Freedom of choice as to where to live.
- Equitable access to services, including health care, transportation.
- Programs that do not insult their intelligence. "Childish" activities make them grow older prematurely.
- Identity to a social group
- Francophones outside Quebec need to be heard from their provincial governments. They have specific needs because of the language barriers. Often the provinces/territories only recognize one association, an anglophone organization, in which the francophones are not well represented.

ii. The Role of Health Canada and DAS/S

❑ Almost all respondents linked these identified needs with some sort of role for Health Canada and DAS/S in particular. Many, however, did not truly distinguish DAS/S from the federal government in general.

❑ Many stakeholders indicated that the role of Health Canada should be to set standards that have a national scope:

- Many explained that there is a role in setting country-wide standards and to maintain those standards equivalently across the country.
- For some, DAS/S in particular should be setting health and general living standards for seniors.
- One respondent also stressed that DAS/S should not only ensure funded programs have a national focus, but that they will eventually be implemented elsewhere (i.e., at the local level).
- One respondent compared DAS to a "watch dog" in positive terms.

❑ Gathering information, supporting research and disseminating information on seniors issues is a second major role identified by stakeholders:

- One respondent said that the DAS/S has the means to reach all groups, including industry, across the country to disseminate information.
- Another respondent finds that this role can be developed and that "DAS should play an important role in information and information technologies, and not limit its intervention to health, well-being and independence".
- Health Canada can also provide useful statistics. NACA *Vignettes* and reports are well written and useful to practitioners, researchers and policy makers. Many stakeholders find the NACA publications useful.
- One respondent explained this role by opposing it to the service-delivery role of the provinces/territories: according to this respondent, the federal government must play an information role and a "thinking" role, while provinces/territories and local structures should take care of the delivery.
- DAS/S should also be a facilitator and initiator of new ways or methods for doing things.
- There is a role for the federal government in providing a national approach with adaptation at the local level so no one will be "re-inventing the wheel".
- DAS/S needs to keep on top of all the changes occurring that affect seniors (e.g., CMHC moving out of housing concerns for seniors, changes in long term care, move to community-based care, downscaling in institutions, etc.)
- Through the DAS/S, the federal government should also fight the rest of society's ignorance of seniors involvement by providing information to the younger generations.

☐ Stakeholders perceive Health Canada and DAS as having major leadership and coordinating roles. Comments related to these roles include:

- The Federal government should provide general orientations regarding pensions, income security and social housing for all levels of government.
- Other departments should run policies by the DAS/S for input. DAS/S should have a supportive but not an operational role.
- DAS/S also has an internal leadership and advocacy role within the federal government, such as in the pension policy and health area. But also indirectly, by NACA publications that are useful for regional associations who wish to put pressure on provincial government on health issues.

- Within Health Canada itself, there is a need for an organization to act as a spokesperson for seniors as the Department is so large.
- DAS/S can help promote long term partnerships and can help provide models of care mechanisms.
- There has been a proliferation of seniors organizations and someone needs to coordinate these organizations and concentrate on getting them focused on important issues of a national scope.
- DAS/S should facilitate exchanges between national organizations.

❑ One respondent indicated that the federal government should support seniors associations because no other institution integrates seniors in society, while other members of society learn and socialize within schools, the workplace and their family.

- The federal government should support associations and help seniors become familiar with high technologies. Youngsters can get this knowledge through their schools, but seniors have less access to schools or workplaces.

❑ Another stakeholder, however, felt that there is no need for the DAS/S because there is no equivalent for the younger generations:

- The respondent did not feel that older adults' issues should be with Health Canada: "There is no division for 35 year olds, why is there one for older adults?" No need to have a section/division for older adults: should not "ghettoize" seniors into Health Canada. Seniors should be integrated into all departments (including Heritage Canada and Human Resources Development). But there may be a need for a Council on Aging composed of representatives from different departments.

❑ More specifically, all respondents (but one) agreed that the federal government has a continuing role in preserving the health and well-being of Canadian seniors. On this topic, the following strategies were identified by some for the fulfilment of this role:

- Strategic research, especially in health services.
- Two-way communication links between grassroots and government.
- Maintenance of good health standards.
- Preventive measures, namely by education.

- ❑ Most also agreed that there was a continuing role in improving and preserving independence. Specific answers included the following:
  - DAS/S must communicate with other departments to provide services (e.g., transportation).
  - DAS/S should ensure that direct services such as window washing and shovelling snow are provided.
  - The Division should ensure that home care services and institutions are available.
- ❑ Increasing society's understanding and acceptance of seniors is another continuing role attributed to the DAS/S by most respondents. The following responses were noted:
  - There is potential for intergenerational conflict. The respondent doesn't know how they would address this but recognition of the need would be a start. DAS/S might get seniors organizations to focus on these issues.
  - Many respondents note that there should be more work done with the media to get information through. For example, there should be more announcements and articles in newspapers. They should also assist seniors to speak out and to communicate with each other (e.g., Internet).
  - DAS/S must help show the impacts of seniors, their contribution to society and their role. We must value seniors for what they are.
  - Two stakeholders, however, indicated that society's understanding will come naturally as the population ages. The government, therefore, doesn't necessarily have a role. In any case, this role will be decreasing in time as the population ages.
- ❑ Most respondents also agreed that there is a continuing role in eliminating barriers to the involvement and participation of seniors in society. The following comments were noted:
  - DAS/S should assist in the empowerment of seniors. For example, they should help provide leadership training, and push for electronic voting devices. The barriers to empowerment include physical and mental obstacles, discriminatory practises from the rest of society and attitudinal obstacles on the part of professionals.

- As illness can be an important inhibitor to any activity, DAS/S could eliminate barriers to participation through health promotion.

- Ethnic seniors face barriers partly due to the lack of understanding of their culture by the rest of society.

- For one respondent, this role is more relevant than the "understanding of seniors". The government should continue to consult with seniors that are consultants themselves to develop action plans.

- Seniors are too old to learn another language and this is a barrier that the associations can help seniors overcome by offering assistance to them in their own language. Thus, DAS/S should support associations to do this.

iii. Areas of Duplication or Overlap

☐ For the vast majority of stakeholders, activities from different government are mostly complementary. The following statements illustrate this view:

- There is no overlap as Health Canada is respectful of provincial prerogatives. Health Canada and the DAS/S consult provinces/territories through the Health Canada Regional Directors.

- NH[18] and SIP are essential because there are no provincial equivalents. The criteria, however, are seen to be too strict (e.g., at risk).

- There is a good partnership between the different levels of government. Provincial and federal authorities collaborate and share information, which means that they don't have to reinvent the wheel all the time.

- According to one respondent, municipalities don't have seniors programs (except perhaps a recreation activity every now and then) and the province/territory doesn't do it.

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[18] "New Horizons" is a very well known program among stakeholders. In some instances (although it is not believed to be the case here), informants refer to the newer "New Horizons: Partners in Aging" program as "New Horizons" because of their familiarity with the older program (and perhaps because the new NH:PA name has not yet stuck with the client group).

- DAS/S officials have done their best not to overlap regionally.
- One respondent explained that the provincial regional health services are constantly in search of orientations, references, and someone that does research. They do the service delivery and Health Canada can help shed light on decisions and provide input.
- They generally complement other structures and organizations. The NH projects require the involvement of many parties. In any case, the number of Canadian seniors is increasing and many organizations and government departments should address their needs.

❑ Some respondents noted the existence of overlapping activities or responsibilities. There was also the feeling that the different levels of government should collaborate more:

- There may be overlap in housing, but not much. There is a BC provincial office for seniors, but it has a small staff (e.g., it cannot produce any written documents) and it does not have a national perspective.
- There may be some overlap with provinces/territories in terms of community programs.
- A few stakeholders added that this depends on the provinces/territories as provincial/territorial activities vary greatly.
- There should be increased coordination between the various departments in Health Canada and branches under the DAS/S. Here there are overlaps. Some provinces/territories do some work on the same things, but are more focused. This is not necessarily bad.
- One respondent added that DAS/S should try to avoid major overlaps, but there will always be some and it shouldn't be entirely controlled.

(b) Program Accomplishments

i. Program Delivery and Coordination

❑ Stakeholders were not asked these questions

ii. Partnerships

- ❑ Most respondents felt that the DAS/S has provided opportunities for many to work in partnership. It was felt that these partnerships involve NGOs, different levels of government and people involved in research. These partnerships result from project funding and events such as seminars.
- ❑ SIRP funding creates partnerships. According to many observers, funding helped researchers, clinicians, hospitals, provincial governments work together on projects. The proposal system is excellent because it promotes links between partners of different backgrounds
- ❑ Partnerships are essential in the funded projects. In one respondent's own projects, other seniors associations, schools and the provincial Ministry of Health are involved. In some instances these partnerships are maintained even after the projects are over. They also exchange information.
- ❑ Partnerships have been developed with service clubs and the municipalities. Not many have been developed with business and provinces/territories.
- ❑ DAS/S does favour partnerships between NGOs. Many pull resources together for research, awareness campaigns and cooperation.
- ❑ For one respondent, partnerships between national and provincial associations prevent duplications: sometimes, provincial and national associations work on similar projects.
- ❑ Many, however, say that partnerships with the private sector have been difficult to form. According to the two following respondents, partnerships between DAS/S and organizations are also problematic in some cases:
  - Collaborations between the DAS/S and organizations are not true partnerships because they are not true partners: DAS/S sets the rules.
  - According to one respondent, the provincial associations generally do not have contacts with the DAS/S. The national associations have links through events like "Connections 95", but the provincial associations don't participate.

iii. Achievement of Objectives and Intended Impacts

❑ Many respondents were not confident enough to answer questions about the impacts of the DAS/S. Those who answered tend to think that the DAS/S has had an effect on seniors' health, well-being and independence and it will continue to have an effect in the future. Feelings were mixed concerning the impacts of the changes in 1993. Some respondents, namely those representing seniors organizations, regret this change as it restricts funding to only certain types of projects:

- One respondent feels that the DAS/S has made a big mistake when they changed the nature of the funding for New Horizons (i.e., the switch to NH:PA). During the first 20 to 25 years, they encouraged seniors to get together, but they don't do it any more. Now, all seniors are at risk. There are still communities where there is no seniors network and those seniors "don't have a chance". Seniors who are not organized do not have access to information. There is also an age gap in existing groups: the groups that were established 20 years ago when their members were 60, now have members who are 80. More funding is needed to encourage younger seniors to join existing groups.

- The change in 1993 (NH) was difficult because there was no clear definition of seniors at risk. For this respondent, all seniors are at risk; it's a very relative term. After this change in 1993, only the most developed organizations obtained funding. Many smaller francophone groups did not because they did not have the information and it took a while for them to adapt to these requirements.

- According to one respondent, because funding is more difficult to obtain criteria-wise, seniors often ask younger professionals for assistance. The respondent feels this is a good thing because projects shouldn't always involve seniors only. Younger, visionary people are also needed. It would be ridiculous to take people only because they are old. Younger folks are going to be old some day too. In this way, the 1993 change was positive.

- There is some contradiction between the new "at-risk" targets and prevention. According to one respondent, prevention is still essential and the at risk vision is too short-sighted. Prevention means looking ahead 20 years.

- Regarding the consolidation of knowledge, most respondents agreed that the DAS/S has increased and consolidated knowledge on aging and seniors:

- DAS/S provides a good overall picture and shows both sides of the coin. According to one respondent, the DAS/S is seen as a non-partisan and unbiased actor.

- Another respondent indicated that the DAS/S has achieved the consolidation of knowledge by discussing with people, through workshops, publishing materials and funding programs.

- Knowledge has been increased through the DAS' various publications.

- NACA documents are seen by some stakeholders to be excellent and offer up-to-date information on seniors. SIRP projects are also excellent.

- Another respondent indicated that this has been achieved especially through NACA and research programs. The dissemination of these publications is good: its free and it should stay that way. They are used.

- One respondent indicated this was achieved through research on medication, violence/abuse, life of seniors, resources of seniors. The association regularly receives reports and projects of other groups. They also received documents from regional offices of Health Canada.

❑ Some gaps, however, remain to be filled in certain fields. Here are examples of such gaps:

  - A gap exists in information for Aboriginal elders, particularly in poverty and housing information.

  - There is a need to look at consequences of regionalization of health and the push toward community care.

  - According to one respondent, DAS/S puts too much attention on the at risk groups. More information should be collected about the 90 per cent of the older adult population that are not at risk.

❑ Some respondents disagree with some of NACA's positions:

  - NACA publications and *Expression* have contributed to the consolidation of knowledge. But the respondent's association doesn't always approve of what NACA says. Lately, they didn't approve one of NACA's spokesman's position on old age pensions.

- ❑ Two stakeholders shared critical views on this issue:
  - According to one respondent's opinion, DAS/S tried to consolidate and increase knowledge through their hiring practices, but they haven't been successful. They should have been hiring knowledgable people instead of displaced civil servants.
  - Another respondent finds that those in the government responsible for research have the same elitist attitudes as do the researchers. There is a need to link researchers to program providers.
- ❑ As previous comments indicate, many respondents are also fairly satisfied with information dissemination achieved by the DAS/S and NACA. Following are typical comments of those who expressed satisfaction:
  - Through its newsletter *Expression*, information is disseminated in a readable and understandable fashion.
  - There is good dissemination for those who are on the NACA mailing list.
  - One researcher said that there has been some effort on the researchers' part to go beyond scientific journals, but it's hard for them to do both research and wide dissemination. DAS/S should do dissemination and, so far, it's been pretty good.
- ❑ More critical respondents on this issue provided the following comments:
  - This is hard to say. The seniors themselves might say yes. But the provincial groups, institutions are more able to provide information directly to seniors than the DAS/S.
  - Would be better if information could reach rural areas — perhaps through local newspapers.
  - One respondent has a sense that information is not well disseminated, but sees this as being endemic to Health Canada.
  - There is a need for a local place where all information is available and where someone can help seniors to sort things out.
  - There is still a need to reach out to ethnic and illiterate groups.
  - No, respondent's group is not receiving enough information about what other funded groups are doing. The federal government should see to this.

- On providing information to seniors to help them make informed choices, many could not answer and suggested asking seniors directly. While a number of respondents from organisations receive documents regularly, they are not sure this information is getting to seniors:
    - They put out a lot of books and pamphlets that the groups and associations receive. However, this does not mean that the information is being passed along to seniors. Health Canada should not assume that associations and groups are passing things on. For example, when someone returns from a conference with a few pamphlets and some interesting information, they do not pass everything along to every member. They may say something like "I went to this conference and got some stuff on X, if you want to see some of it, come and see me." Therefore, the information must be targeted to seniors individually.
    - DAS/S doesn't work with seniors. It provides information to provinces/ territories and intermediaries. This is normal. The provinces/territories are very protective of their social responsibilities.
    - One stakeholder openly disagreed, stating that this information goes through organizations and associations that communicates them to seniors.
- A few respondents had things to say about how research supported by the DAS/S meets seniors' needs. Among the positive answers, the following can be noted:
    - The interventions are indirect but they are well targeted.
    - Some studies could not have been done without support from SIRP and it has been useful.
    - Research has suffered from budget cuts. This respondent finds this regretful because it is by research that new ways of doing things are discovered.
- Most critical comments include:
    - Projects have met the needs of some seniors but it could be more multicultural and involve more seniors with low income.
    - Some seniors may not find it so, but very often seniors don't know what's important for them. The needs are not always expressed by the seniors themselves. Sometimes, needs are better expressed by YMCAs, community centres and seniors involved in these.

- The respondent is not too fond of research done in universities. Its important, but mostly useful for university researchers. They rarely address concrete needs. The associations are often more efficient at obtaining information about local needs and the communication links between the associations and seniors are more effective than those between seniors and university researchers.

❑ As indicated earlier, many stakeholders find that there is a continuing role for the DAS/S in the promotion of integrated policies and strategies. Most respondents, however, did not feel confident enough to say to what extent current activities are effective in achieving this. Two respondents find that DAS has helped NGOs elaborate strategies:

- One respondent indicated not knowing how effective is was in terms of government, but would say they have been effective in terms of NGOs.

- NACA's work is an important reference when it comes to determining strategies to meet seniors needs. The NH requirements also determine the NGOs strategies.

❑ Views are mixed concerning DAS/S' ability to promote a positive and realistic image of seniors. For some, this effort is noticeable:

- This has been achieved through publications which are presented well. The DAS/S is good at communications.

- A positive and realistic image has been promoted by NACA papers that give good factual information though *Vignettes* and *Info Âge*. Our association picks up that information and uses it.

- Publications are well written, easily understood and not overblown.

❑ These publications contribute to the breaking of myths and stereotypes. Here are some examples provided by respondents:

- Through publications that break myths: for example, that seniors are rich or, at the other extreme, that they live at the expense of society.

- There are stereotypes. Society wants to "take care" of seniors, but they don't want seniors to participate in the decisions that regard them.

❑ For some, this is attained directly and indirectly through projects to which seniors actively participate:

  - This is achieved through projects which encourage seniors to organize their own activities and take charge of their own things. Through these projects, seniors have the opportunity to maintain a positive image of aging. NACA publications and documents also give a realistic image.

  - Promotion is done by involving seniors in projects. Often, projects show that anyone, from all ages, can have the same problems seniors might have.

❑ According to some stakeholders, there are still some gaps:

  - DAS/S has promoted a positive and realistic image of seniors, but there is still the issue of Aboriginal elders that are often forgotten.

  - The effort is not very visible. This is done by the associations and professionals; they are the main clients of DAS/S.

  - The DAS/S could write more articles for media and try to reach more people through mass-media. The "Aging and Independence" survey led with Statistics Canada is useful; it shows that seniors are not all sick. But showing that seniors are not all sick or disabled may also hurt campaigns to help disabled seniors.

❑ Most stakeholders tend to think that many of the DAS/S' funded projects are innovative, either by their activities or by the nature of the partners involved. Innovation is encourage directly or indirectly by the DAS/S and NACA in the following ways:

  - Innovative projects are supported by SIRP. In one example, funding for research on seniors was used by organizations to hire gerontology students, who were supervised by university professors. This was innovative and well-received.

  - DAS/S has developed a philosophy of getting very different groups together and working with seniors. This too can be innovative.

  - The television commercials that were funded through New Horizons were very innovative.

  - The publications of NACA also support innovation indirectly by circulating information on aging and seniors.

  - Innovation is mainly insured by the funding requirements and by the help provided by Health Canada's personnel. This help is good.

- ❑ Some stakeholders, however, find that the innovativeness criteria is sometimes too restrictive:
  - A few respondents think that the concept is very dependent on the context of the project. In some regions, a project may be very innovative while it would not be in other regions.
  - About his own project, one respondent prefers to say: "We have met a need that needed to be met" — this is more important than innovativeness.
  - Innovation shouldn't be a requirement for many stakeholders, especially those working in seniors organizations; it is a requirement for researchers in universities and the result of this is that it doesn't address all the needs of seniors.
  - The "at risk" requirement is good, but there should be other types of projects eligible. Before there were more possibilities and the strategies addressed a wider population, but not a specific need.
  - Many find that this is hard to tell because they're not too familiar with the other projects. It only makes it harder for some to find projects that appear "innovative".
  - One stakeholder, however, has access to summary reports of projects and said they were very informative.
- ❑ Has DAS/S changed organizations? Almost all stakeholders responded no, although most say that many of their activities have been made possible due to the DAS/S project funding.

iv. Unintended Impacts

- ❑ Very few unintended impacts from the DAS/S activities and funded projects have been identified by stakeholders. Only three provided meaningful answers. They are:
  - Because the funded projects have been so good, the quality of empowerment of seniors has been greater than intended.
  - According to one respondent's experience, there has been some antagonism with another organization based on the perception of unfair funding.

- Larger groups are more able to get funding now because they are more capable (have the resources) of preparing a good proposal. The smaller groups are having a hard time. This was surely unintended on the part of the DAS/S.

v. Strengths

❑ When asked to discuss DAS/S' strengths, many stakeholders made positive remarks about the quality of its staff such as:

- The staff is in touch with all types of organizations.
- Integrity of some of the staff.
- The staff has a real desire to do an effective job; it tries very hard.
- Leadership — because of the level of expertise of its staff.

❑ The Division's support to research and seniors organizations was also identified as strengths:

- DAS/S is good because there are very few funding bodies that fund large (>500 K) projects.
- It is a national organization that has interests of seniors in all parts of the country.
- DAS/S represents Canadian seniors at international meetings.
- DAS/S is supportive of seniors involvement in its projects and activities.
- DAS/S provides good support for research, NACA and NH.

❑ The organic structure of the DAS/S and other aspects of service delivery are also seen by some as positive aspects of the DAS/S:

- DAS/S includes social dimensions to seniors issues and this is an important ingredient to an holistic view to aging.
- Programs and activities that complete each other (i.e., research, funded projects and policies).

- *Its ability to develop partnerships and the outcomes of its funded projects.*

- DAS/S is a good buy for taxpayers. Its strategic orientation makes it lighter than most government bureaucratic structures.

- Excellent articles in Health Canada's Exchange magazine and NACA's *Expressions* magazine.

- DAS/S is innovative through its funding projects.

- DAS/S translates works into other languages.

vi. Weaknesses

❑ Some weaknesses were also identified by stakeholders. The majority found that a major weakness was lack of funds. Most know that the DAS/S has suffered from budget constraints and this is perceived as a weakness for today's DAS/S as it can not do as much as it could before. A few stakeholders also saw faults in some administrative practices and procedures:

- The project requirements are sometimes too restrictive, such as the "at risk" requirement.

- The peer review process for proposals has not worked well. Also, the review is not transparent and the feedback is very limited. There is no opportunity to appeal.

- For one respondent, completing the application form for funding was challenging. It demanded great effort and it was difficult to evaluate what the contributions from other sources of funding would be.

- The selection process for funding is very slow and this is very hard for associations. Associations often have yearly budgets that they must spend; it's hard to plan when you must wait a long time to get the answer from Health Canada for your request for funding.

- Funding for long-term projects should be more available. Its easier to plan activities when you have funding for three years. It ensures regularity.

❑ Some respondents identified weaknesses that are more of a structural or systemic nature. These include:

- There are representatives in each federal department that deal with seniors, but they don't talk to each other.

- According to one respondent who had previously worked within the DAS/S, as a *Division*, DAS has difficulties influencing the Deputy Minister of Health and other deputy ministers because it is too far down the organizational chart of Health Canada.

- There should be a Minister of State for Seniors like there was before. It's a visible source that rallies people around the issues.

- Despite federal efforts, some provinces/territories will do what they want anyway because the responsibility of service-delivery on health issues is theirs.

❑ A few stakeholders also find that the DAS/S does not get enough coverage:

- Many of the DAS/S activities are unknown to the general public.

- Few people know about the DAS/S, its structure and what they're doing. Seniors and professionals, however, know about NH and SIRP.

❑ Some stakeholders find that the DAS/S should still put more effort into partnership building:

- One respondent would have hoped there would have been more partnerships developed with the private sector.

- There are not enough active links, partnerships between the DAS/S and the national associations. There are only *ad hoc* meetings.

- It would be good it there were more coordination and more activities with the provincial structures.

❑ Other identified weaknesses include:

- DAS/S ignores those in long term care facilities, according to one respondent.

- For one stakeholder, when the association representatives communicate their views to the DAS/S, they feel like they're a nuisance, that they don't count. There should be more communication, coordination, especially in preparation for 1999 (the International Year of Older Persons).

- NACA is good and so is SIRP, but would like to know what's going on in other projects; would like to have more access to final reports and summaries of other projects.

(c) Alternatives

i. Cost-Effectiveness of Programs/Activities Supported by DAS/S

❑ The cost-effectiveness is difficult to evaluate or measure according to most stakeholders. Some provided answers without specifically explaining why and it was obvious that many defended their own activities by saying that theirs were the most cost-effective. Nevertheless, the following comments may be noted on cost-effectiveness:

- Non-health related projects (community-based) are most cost-effective because they reach more people/touch more lives.
- Preventative projects are the most cost-effective (e.g., home adaptations can prevent injuries due to falls).
- New Horizons (under the original program) are most cost-effective projects.
- Community-based programs wherein accountability lies with seniors are most cost-effective.
- Those projects that aim to keep seniors in their homes are more cost-effective because institutions are so expensive for the system.
- National projects are cost-effective because of scale economies.
- Work done by NACA because it reaches a lot of people (associations, etc.) across the country.
- All projects are cost-effective except the policy coordination and support to the Minister and "that's because he probably doesn't listen to them".
- Highly bureaucratic, top-down programs are the least cost-effective.

ii. Essential Areas for DAS/S Involvement

❑ For most respondents, Health Canada should maintain all its present activities under the DAS/S. Most are satisfied with the present structure of the DAS/S; many fear for the effects of more budget cuts and would not like to see DAS/S altered:

- There is a need to keep at least the majority of responsibilities/programs under one umbrella organization.
- It is better to have a single structure that's responsible for seniors then to have it spread around. All activities should be maintained.
- Many respondents express fear over the effects of budget cuts on the DAS/S.
- Health Canada should retain the individuals and the group (DAS). It would be a mistake to spread them around (i.e., to decentralize). It would be a disservice to seniors. Working together gives a holistic view; there has to be a division to bring these different specialists together.
- More programs should be consolidated under Health Canada and the DAS/S. Otherwise you will get inconsistencies.

iii. Non-Essential Areas for DAS/S Involvement

❑ Of course, since all activities are identified as essential for most respondents, none identified non-essential areas. It should be said, however, that many stakeholders were not entirely informed of all of the DAS/S' activities, according to their previous answers.

iv. Alternative Program Mechanisms and Structures

- ❑ A few stakeholders felt that the division's responsibilities should be entirely given to other government departments:
  - Older adults' issues should be in Heritage Canada. There is a preventative role for someone (Heritage Canada) to take on. One person in each federal department would ensure that seniors' needs are taken into account and a council of all these people could be developed.
  - It shouldn't be a health driven mandate; it should be multi-sectoral.
  - One respondent would prefer that the DAS/S was pulled out and left autonomous like Status of Women.
- ❑ When asked if some responsibilities could be handed over, some respondents answered that some could be given to other departments or the provinces/territories:
  - Some of the responsibilities can be handed over to the local and provincial governments. But should maintain federal presence, if it can afford it.
  - The federal government can give some project funding money to the provinces/territories, but still would have to monitor.
  - In general, nothing should change, but some activities should be led or given to the provincial regional health services. In certain localities, the regional health services could administer projects, especially in isolated areas where seniors are not well represented.
  - The research activities may be given to someone else, such as the Natural Science and Engineering Research Council, that currently administers research grants in the pure and applied sciences.
- ❑ Some did not agree and found that the current division of responsibilities between provinces/territories and the federal government ensures prevention activities and scale economies on specific issues like aging and seniors:
  - Provinces/territories do not have to account for where the money goes and they will not spend it on seniors.

- One stakeholder asks who would have the national perspective if responsibilities were handed over to the provinces/territories. For example, the DAS/S has assisted in meeting groups from different parts of the country.

- Handing over responsibilities would dilute the programs. Seniors would also lose their specific interests if some responsibilities were given to other ministries.

v. Other Improvements to DAS/S

❑ Many respondents had ideas or suggestions for improvements to the DAS/S. A number of new fields of activities were suggested. These included:

- Health Canada must help associations get more members from the retired professionals category. There are currently problems recruiting these "new" seniors who will form an important part of tomorrow's seniors group. These competent seniors will help associations become self-sufficient because they have resources and knowledge.

- DAS/S might provide funding to educational institutions to offer courses to seniors.

- We have information and knowledge at Health Canada that is useful and *marketable*. For instance, we have technologies in health care systems that are potentially exportable. On this issue, the respondent finds that there is a need to establish a stronger partnership between Health Canada and Industry Canada.

- DAS/S should do more promotion of "success stories" and less work on frameworks or policies. They should spread information about projects.

❑ A number of respondents, especially those that represent associations, would like to see the DAS/S consult more or involve more seniors at the programming level:

- The seniors organizations should be able to participate in the decision-making regarding project requirements.

- Health Canada should consult more with seniors organisations and professionals to find solutions.

- Projects that are conducted by experts often end up on a shelf somewhere: use experts as consultants not programmers. Use seniors as programmers.

☐ On research and dissemination of information, the following comments were provided by the respondents:

- Health Canada can increase dissemination by supporting NGOs to assist researchers with the dissemination of information (i.e., the NGOs would disseminate the knowledge on behalf of the researchers). It can also do so by setting up a competition for creative ways of getting the information out and by establishing a task force on information dissemination for seniors issues
- DAS/S should help local associations do follow-ups on work done by national associations or by themselves. Very often, excellent projects don't get the proper follow-up, such as dissemination of information and project results get lost, especially those done by national associations.
- A possible solution for information dissemination might be for the government to enclose relevant information periodically with their OAS cheques.
- One respondent suggested that research topics could be researched first so that there is no duplication of effort.
- There should be more fostering of international information sharing and comparative research.
- Research must have community buy-in: pay the money to the community-based organization and let them pay the researchers.

☐ Other suggestions included:

- There should be special categories for seniors in competitions: special scholarships for seniors who want to go to school.
- DAS/S should not keep changing the name of the program.
- There should be national and local initiatives. Larger organizations and associations should be eligible for grants on both levels.

☐ Although many said that all seniors are at risk, a variety of groups were identified by stakeholders as being at risk. They include:

- seniors with disabilities;
- homosexual couples;
- AIDS patients;
- single parent moms that will become seniors one day; prevention is important here;
- ethnic minorities and refugees;
- financially disadvantaged seniors;
- seniors whose income is just above the poverty line because they make too much to be eligible for many programs;
- old women, sick seniors and isolated seniors;
- men are rarely considered an at risk group but they are also at risk; also at a younger age (i.e., 50-65) regarding cardio-vascular diseases;
- those living in remote areas because their personal networks are limited and stretched out;
- senior caregivers - need assistance;
- frail elderly;
- those who do not speak english or french, or english outside Quebec;
- Aboriginal elders;
- seniors with little family support; and
- abused seniors.

☐ Most stakeholders tend to think that the DAS/S does not and probably could not reach all seniors at risk. More specifically:

- DAS/S doesn't reach them. There are so many of them and they've just started to look at "at risk" seniors.
- Abused (physical, mental, financial) seniors are not being reached (abuse by husbands and children/grandchildren)

- DAS/S should be more involved in long term care

- DAS/S reaches fewer at-risk seniors now since they switched from New Horizons to New Horizons: Partners in Aging. (Stakeholders who hold this view tend to believe that seniors at risk are those who do not have social interaction with other seniors. Thus, in their view, the community-funded programs including New Horizons, were more effective at reaching at-risk seniors.)

- It is difficult to get at risk seniors into self-help groups because there is no longer any funding for self-help seniors groups.

- DAS/S is not reaching the younger segment of seniors (45-65). This group, however, may fall under the responsibilities of another federal or provincial department. In all cases, the respondent feels that this need is not addressed and that prevention would be required.

- This is mostly achieved by addressing dementia, osteoporosis, elder abuse, etc.

3.8 Funding Recipients

- ☐ Many of the projects about which the interview was conducted are currently ongoing. However, the past tense will be used throughout this section for simplicity.

- ☐ Of those who were interviewed, less than half mentioned having received funding from Health Canada before.

(a) Program Relevance

- ☐ Interviewees were not asked to comment on the relevance of the program which funded them or DAS/S. Instead, the interview focused mainly on the accomplishments of their project.

- ☐ Funding recipients were, however, asked whether their project would have taken place without DAS/S funding and whether it overlapped with other services/ activities. These findings are presented below.

i. Continuing Need for and Relevance of DAS/S

- ❑ For the most part, respondents did not believe that their project would have taken place were it not for the funding they received from DAS/S. This was true for all SIRP funding recipients who were interviewed.
- ❑ In a few cases, respondents thought that the project still would have occurred, but much slower and not to the same extent. DAS/S funds allowed them to reach more people and do more activities in a shorter amount of time.

ii. The Role of Health Canada and DAS/S

- ❑ no response

iii. Areas of Duplication or Overlap

- ❑ No respondents feel that their project overlapped with the activities of other federal or provincial/territorial departments or non-government organizations.
- ❑ Many respondents mentioned that the partnerships established through the project allowed for complementarity between projects and, in fact, helped to avoid overlap in service delivery.
- ❑ A few recipients believe that their project supplemented activities being done by other agencies.

(b) Program Accomplishments

- ❑ Findings in this section reflect the accomplishments of the project rather than those of DAS/S directly.

i. Program Delivery and Coordination

☐ Familiarity with the program that funded their project varied by program type:

- most of the SIRP recipients interviewed were familiar with the objectives; and
- the majority of the community funding recipients were familiar with the objectives of their respective program.

☐ All respondents are satisfied with the type of funding that they received. Recognizing that the Department is undergoing budget cuts, respondents believe that the level of funding is reasonable. Some respondents were so pleased, they used the word "generous" to describe the level of funding they received. Only one respondent commented that the level of funding was insufficient.

☐ Many respondents (almost half) commented that the process of obtaining funding was extremely slow. Respondents mentioned having to wait extremely long periods of time before hearing whether their project had been funded and, once having heard they were successful, they were left with very short time lines in order to get the project started. Comments along this theme included:

- it becomes very difficult to plan and budget activities;
- the waiting time was "ridiculous"; and
- it was "unprofessional".

☐ The administrative requirements are, for the most part, considered reasonable and manageable.

☐ Many (about half) respondents commented on the help and support they received from both the regional Health Canada staff as well as the staff at the national office. Whether the comments are about DAS/S staff specifically is unclear as most respondents did not seem to perceive a difference between DAS/S and Health Canada. Comments included:

- good rapport with regional staff;
- staff were "great", "helpful";
- received guidance from staff;
- good help and attention from Health Canada;
- people "fantastic"; and
- regional office very good, "helpful".

❑ Referring now to the project itself, the majority of respondents believe that their project was innovative in some way. When prompted, projects were considered to be innovative by respondents in a number of ways:

- the method by which the project was carried out (both SIRP and community funded respondents feel their project were/are innovative in this way);
- project had never been conducted in the community or region before; and
- the involvement of seniors/seniors organizations in a more involved way.

❑ Some respondents mentioned that their project addressed new issues.

❑ When asked whether the project developed and disseminated knowledge, the majority of respondents said that it did or, if the project was ongoing, that it will disseminate the findings. All SIRP respondents said that their project developed and disseminated knowledge (or that it will when completed).

❑ About half of respondents agreed that their project targeted different groups of seniors. No SIRP recipients claimed that their project did this. Examples of the different types of seniors that were targeted include:

- isolated seniors;
- senior caregivers;
- aboriginal seniors;
- seniors in palliative care; and
- frail seniors.

❑ A few projects were mentioned to have taken place in a different milieu such as rural and isolated communities.

ii. Partnerships

❑ Almost all respondents mentioned that partnerships were established as part of the project funded by DAS/S. Some examples of partnerships are presented below (the role, if known, is presented in brackets):

- foundation;
- private firm (funding, working relationships);
- local community health centre (advice);
- government partnerships;
- colleges (funding, working relationships);
- community centre;

- hospitals;
- municipal counsellor (support, working relationship);
- non-government organizations (working relationships, support)
- community corporation (support, advice); and
- physicians (working relationships).

☐ The majority of SIRP respondents mentioned having partners in the private sector. These companies mostly provided financial support. Other partners included:

- non-government organizations (working relationships, advice);
- NHRDP (support, advice, funding);
- universities (working relationships);
- provincial government (support, funding); and
- professionals (working relationships, advice).

☐ A few respondents specifically mentioned that partnership often make project work more difficult and time consuming.

iii. Achievement of Objectives and Intended Impacts

☐ All the respondents said that their project did achieve its objective or, if ongoing, are on track to do so.

☐ Most respondents felt that their project had an impact on individual Canadian seniors. If the respondent did not identify an impact, it was due to the fact that this was not an objective of the project[19]. All SIRP projects were identified as having an impact on seniors. Some examples of impacts included:

- provided referrals to appropriate services;
- raised awareness of problem;
- raised awareness of services available;
- provided information;

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[19] For example, one project's objective was to obtain feedback from seniors on a report written by the funding recipient. The contact did not perceive an impact on the participants. Another project was a symposium of health professionals, the outcome of which was another project which is intended to have impacts on seniors. Neither of these interviewees perceived impacts on seniors.

- provided support;
- educated and developed skills; and
- increased socialization/developed networks.

❑ Some respondents saw impacts on health professionals. This was true for the majority of the SIRP projects. Impacts included:

- raised awareness and interest in the problem;
- improved communication with seniors and non-government organizations;
- training opportunities; and
- provided information on the issue.

❑ No respondent was able to point to impacts on government policies and programs, although many tried and are still trying.

❑ Impacts on other organizations were mentioned by a few respondents and included:

- raised awareness of issue;
- implemented same system/program;
- disseminated information to these groups; and
- involved in project through partnership.

❑ A small number of respondents quoted having impacts at the national, provincial and/or local level. This impact might have included passing findings along to other chapters of the organization or to the province/territory.

❑ When asked whether the activities of the project have continued after the funding ended, responses were generally split. Projects that are currently ongoing were unsure what will happen — they are optimistic that they will secure funding from either Health Canada or elsewhere. Some projects did not continue, either because it was not an objective of the project, or because they were unable to secure funding from another source. Many of the completed projects did continue, but usually as a scaled down version of the original (i.e., some activities continued, other did not). There were a handful of projects that are still operating under the original plan without Health Canada funds — all these projects had self-sufficiency as an objective.

iv. Unintended Impacts

☐ Many respondents mentioned unintended impacts which were mostly positive and beneficial to the project. Examples of positive unintended impacts are:

- scope of project was widened without additional cost;
- raised awareness among an unanticipated group; and
- developed relationships/partnerships that were not intended.

Negative impacts included:

- suspicion of one of the intended beneficiaries.

☐ Respondents were also asked to comment on any spin-offs that might have resulted. A few spin-offs were mentioned — none were intended. Examples of spin-offs include seeing the project being implemented in other regions.

v. Strengths

☐ Strengths of the projects mentioned by respondents include:

- partnerships;
- involvement of seniors/seniors organizations in project and decision-making;
- SIRP recipients mentioned the nature of the research (i.e., what they were researching was considered worthy);
- innovative nature of the project;
- cost effectiveness;
- will reach at-risk seniors (e.g., isolated); and
- project will have long term effects.

☐ For those respondents who are familiar with DAS/S or the program that funded their project, strengths of DAS/S include:

- funded innovative projects;
- staff in regional and national offices ("excellent", "cooperative", "responsive");
- funding in general (i.e., money is made available);

vi. Weaknesses

❑ Weaknesses of the projects include:

- project not moving as quickly as anticipated;
- partnerships are sometimes difficult to coordinate, time consuming;
- lack of funds; and
- slow start-up.

❑ Weaknesses of DAS/S include:

- low profile/do not know that funding is available;
- funding cuts/uncertain nature of future funding;
- understaffed; and
- slow to respond to proposals.

(c) Alternatives

i. Cost-Effectiveness of Programs/Activities Supported by DAS/S

❑ All respondents believed their project to be cost-effective for a variety of reasons. For example, many used volunteers to deliver services and received in-kind contributions. For others, the funds went only to travel expenses for participants (i.e., for conference and workshop projects).

❑ SIRP respondents were split on whether their project was cost-effective. None actually said that their project was not cost-effective, but one mentioned that, because it was not interventionist, they were uncertain whether it would be considered cost-effective. Other SIRP respondents felt strongly that research, in the long run, is indeed cost-effective.

❑ When asked what kinds of projects are most cost-effective, responses included:

- projects that are monitored;
- projects that develop tools such as videos, training packages, etc.;
- projects that can be readily measured;

- projects that utilize volunteers;
- projects that keep people at lowest level of service they need; and
- projects that do not provide incentives to get more service than necessary.

ii. Essential Areas for DAS/S Involvement

❑ Respondents are reluctant to see Health Canada and DAS/S get away from seniors' issues. In every case, respondents want to see a federal government presence in some form or another. It is further believed that DAS/S can best represent this presence. Respondents voiced very strong levels of support for DAS/S and satisfaction with their performance (despite weaknesses cited earlier).

❑ It is believed that this federal presence is important for two reasons. First, it is considered to be more objective than provincial funding bodies (e.g., less favouritism). Second, they have a national perspective which will ensure fairness and equity with respect to seniors programs and standards across Canada.

❑ More specifically, respondents would like to see continued involvement in the following areas:

- fund research;
- fund projects;
- disseminate knowledge;
- conduct needs assessment studies;
- play a coordination role;
- finance nation-wide projects; and
- set national standards and monitor.

iii. Non-Essential Areas for DAS/S Involvement

❑ Practically no respondents would volunteer areas where DAS/S might decrease/eliminate their involvement.

❑ When encouraged, the following areas were identified as areas in which DAS/S and the federal government does not need to be involved:

- direct services to seniors (can be delivered by seniors);

- local community projects and activities; and
- provinces/territories can administer funds only if the federal government/ DAS/S maintains a monitoring role (this opinion was not widely held).

iv. Alternative Program Mechanisms and Structures

❑ Many respondents are satisfied with the current mechanism for delivering services to seniors and administering programs for seniors.

❑ Suggestions for new ways of delivering programs and services are:

- regional specific issues could go to the provinces/territories;
- research issues should be decided in collaboration with others (e.g., universities);
- education;
- fund community projects;
- give money to health units to deliver the services and fund other projects; and
- coordinate existing organizations that are already working and have access to seniors, in this way, do not have to re-invent existing networks.

v. Other Improvements to DAS/S

❑ As mentioned, respondents were, overall, satisfied with DAS/S. However, some suggestions for improvement include:

- should be a long range plan;
- should be a commitment for continued support;
- should be more consultation with non-government organizations; and
- federal and provincial funding bodies should work closer to eliminate redundancies and gaps.

❑ Funding recipients identified many groups of seniors as being "at-risk". For the most part, comments centred around social isolation and physical well-being/illness. Specifically, at-risk seniors were identified as:

- living alone/being lonely;

- being isolated, having no social support network;
- being homebound/disabled;
- having a chronic illness;
- being frail;
- having a medical condition which makes them vulnerable to violence;
- having low income;
- language barriers;
- being a visible minority or an Aboriginal; and
- being a senior caregiver.

☐ Respondents were asked whether their project addressed the at-risk group they identified. Almost all said that their projects addressed seniors at-risk as defined by them in the preceding question.

3.9 Non-Funded Applicants

(a) Program Relevance

i. Continuing Need for and Relevance of DAS/S

☐ no response

ii. The Role of Health Canada and DAS/S

☐ Respondents identified a number of areas for the involvement of Health Canada and DAS/S. These areas include:

- fund projects that provide social interaction for seniors — do not have to provide large amounts of funding to make a large impact;
- ensure that health services and standards are uniform across the country;
- public education;
- be proactive and advocate on behalf of seniors;
- monitor funded activities and ensure accountability;

- make information and resources available; and
- help groups help themselves.

iii. *Areas of Duplication or Overlap*

- ❑ The majority of respondents do not perceive any overlap with other levels of government, non-government organizations or private industry.

- ❑ While aware of other funding bodies, DAS/S is considered to complement existing services and activities.

- ❑ In one case, DAS/S was considered to be unique as they are one of the few sources of large amounts of money (for research, in particular).

- ❑ Possible areas of overlap identified by respondents include:

  - may be overlap between NHRDP and the Medical Research Council (MRC);
  - some funding is available at the provincial level; and
  - overlap at the service delivery level.

(b) Program Accomplishment

- ❑ Less than half of all respondents were able to respond to any questions regarding Health Canada or DAS/S. The exception to this is that respondents are familiar with the application process and coordination of the programs at the proposal stage. Findings in sections 2.2 to 2.6 will therefore only represent approximately three to four individuals.

i. Program Delivery and Coordinator

- ❑ Most applicants received an explanation as to why their project was turned down. For most of these individuals, the explanation made sense.

- ❑ However, some respondents did not receive an adequate explanation. In fact, one of them did not receive any feedback from Health Canada or DAS/S at all (not even a letter explaining that they were turned down). This respondent said that they assumed they did not get any when they did not receive any communication from Health Canada. Another only received a form letter explaining that there was not enough money to fund their project with no explanation as to what was wrong with the project. Another applicant did not agree with the decision made by the reviewer.

- ☐ Only a small minority of projects managed to obtain funding from another source and complete their project. Some other respondents saw their projects undertaken in part.
- ☐ Almost all applicants would apply again if they had a project that was appropriate and would fit into the new criteria. The one applicant who would not apply again cited the frustrating application procedure as a reason.
- ☐ The vast majority of respondents were familiar with the objectives of the program to which they applied.

ii. Partnerships

- ☐ Half of the respondents who answered this question mentioned that partnerships exist among government and between government and non-government organizations and among practitioners, seniors and the academic community. At the provincial and federal role, these can be financial and policy roles.
- ☐ Partnerships are also recognized between service delivery organizations.
- ☐ It was generally believed that partnerships, while difficult and time consuming, are beneficial.

iii. Achievement of Objectives and Intended Impacts

- ☐ Of the very small number of respondents who had thoughts on this, they all believe that impacts are hard to measure and that, often, seniors do not see the trickle down effects (from research, other projects that benefit seniors indirectly) for a long time or at all.

iv. Unintended Impacts

❑ Only a small number of respondents mentioned any unintended impacts. They were:

- forcing partnerships can sometimes have the unintended effect of making already competitive relationships worse (i.e., there is a power struggle among partners who are accustomed to competing for funds); and
- there is sometimes an unintended effect of penalizing projects for success by cutting the budget, that is, funding officials believe that the project can operate equally well with less money.

v. Strengths

❑ Strengths of DAS/S mentioned by respondents are:

- good awareness campaigns;
- funding available for large projects;
- funding for research;
- partnerships;
- encourages innovative projects; and
- targets money to seniors' issues.

vi. Weaknesses

❑ Weaknesses of DAS/S mentioned by respondents are:

- partnerships because they are expensive and hard to do;
- lack of ongoing funding; and
- not enough collaboration with provincial funding bodies.

(c) Alternatives

i. Cost Effectiveness of Programs/Activities Supported by DAS/S

- ❑ Projects that are considered to be most cost-effective are those that employ partnerships and are at the community level.
- ❑ There was a great deal of talk of partnerships and while the general attitude was positive, some drawbacks were also mentioned including that they are expensive, time consuming and hard to do. However, this is believed to be balanced with the additional resources provided by partners.
- ❑ Discussion about funding research was also two-sided. While it is difficult to measure outcomes of research, the benefits are believed to exist. It was also mentioned that while research on a national scale is expensive, it is less expensive than the same study being conducted at the provincial/ territorial level ten times.

ii. Essential Areas for DAS/S Involvement

- ❑ On the whole, there is a desire for continued federal government and DAS/S involvement in the area of seniors' issues. This is for a number of reasons:
  - federal government is more objective than provinces/territories;
  - federal government ensures equatability across the country (provinces/ territories all have different priorities and agendas);
  - federal government provides a standard; and
  - health issues are universal and therefore, should remain with the federal government.

iii. Non-Essential Areas for DAS/S Involvement

- One respondent believes it would be fine to give money to the seniors directorates within each province/territory (although they recognize that not every provinces/territories has one).

iv. Alternative Program Mechanisms and Structures

- One respondent suggested that Health Canada and DAS/S should help new researchers get funding (e.g., give them technical support, give them a chance to resubmit their proposal).
- Other respondents feel that non-government organizations, including seniors' organizations should be more involved in delivering services to seniors and determining directions for policy. The rationale is that these are the groups that are most familiar with the needs of seniors.

v. Other Improvements to DAS/S

- Many suggestions were made with respect to potential areas for improvement for DAS/S. They are outlined below:
  - be more collaborative: pharmaceutical companies have money and will be more willing to give funds to federal government to allocate on their behalf;
  - monitor the amount of overlap;
  - raise awareness as to the programs now available to potential applicants (there have been so many changes, people are confused);
  - if DAS/S wants to do policy relevant research, then it was suggested that something be done about the length of the process to attain funds (i.e., by the time the funds are attained and the research completed, the topic is obsolete or irrelevant); and
  - be more visible as a source of information.

☐ Non-funded applicants were asked which groups of seniors they consider to be at-risk. The most commonly mentioned groups were those with no social support networks, those seniors with low incomes and older, frail seniors. These and other areas of risks are:

- social isolation;
- low income;
- older old;
- housebound/seniors living in rural areas;
- abused seniors;
- women;
- those experiencing language barriers/ethnic seniors; and
- no transportation.

☐ When asked what should/can be done for those as-risk seniors, respondents suggested the following:

- put a social support system in place (such as friendly visiting or call programs);
- make information available to seniors on where to go to get help; and
- have other services available (e.g., shopping, transportation service).

CHAPTER 4

SURVEYS

4.1 Methodology

Two surveys were conducted as part of the evaluation; these were a survey of intended beneficiaries of community funded projects and a survey of general public clients. In addition, the evaluation study has sponsored three questions on a third survey, *Rethinking Government*, now being conducted at the end of October, 1996.

The survey of intended beneficiaries was geared towards gathering information on the impact of the DAS/S on the lives of the intended project beneficiaries. For the purpose of this study, after consultation with the client and DAS/S personnel, it was decided to define intended beneficiaries in quite narrow terms[20]. Therefore, for this study, intended beneficiaries are those seniors who received the end result of a service sponsored by a funded project (e.g., received meals from a meals-on-wheels service, attended a foot care clinic) or who participated in an activity sponsored by a project (e.g., a choir, a social club, a fitness class, training on nutrition and other health issues for their personal knowledge)[21].

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[20] The purpose for using a narrow definition was that it was important to ensure that interviews were conducted with (a) seniors who (b) had received a service or participated in a funded activity. It was believed that those seniors who received, or who participated in, the end result of an activity would be in the best position to comment on the impacts on seniors.

The objective of the general public clients survey was to gather information on the opinions held about the DAS by individuals who have requested (via phone, facsimile or other medium) specialized advice, information, materials or referrals from the Division. Some of respondents contacted for this survey were on the DAS/S and/or NACA mailing lists. Therefore, these respondents represented a wide range of interests from individual seniors, health professionals and service providers to academics and researchers.

(a) Instrument Design

The questionnaires for both surveys were developed by Ekos in close consultation with the client. They were entered into the CATI software and pretested. The pretest occurred on July 25, 1996, and was conducted with 10 respondents from each survey sample. The pretest was conducted to ensure that the clarity and flow of the survey instruments was reasonable. Pretesting also serves to check the CATI programming for skip errors and logic.

The pretest revealed significant problems with the length of the questionnaire. The pretest interviews lasted over 30 minutes, whereas the budgeted length was only 20 minutes. As a result, the number of items was reduced. As well, a few selective word changes were made to facilitate understanding. When the questionnaire was pretested again, it was still too long (26 minutes). Additional streamlining was done and the third pretest revealed the interviews to be 21 minutes in length. The instruments were approved and the survey then went into the field. The questionnaires for the survey of intended beneficiaries and the survey of general public clients are presented in Appendix E.

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[21] Conversely, seniors who would not qualify as intended beneficiaries would be non-seniors and seniors who may not have been the direct recipient of the project's services or activities (e.g., seniors who helped in the design or delivery of the project, or seniors who received training to provide services to other seniors). This definition was established in consultation with the client and can be found in the letter to project sponsors prepared by the Evaluation Group at Health Canada, June 17, 1996 (see Appendix D).

(b) Sampling

i. Intended Beneficiaries

The sample frame for the survey of intended beneficiaries was a challenging task as no list of project participants had been compiled. Hence it was necessary to contact project sponsors and attempt to develop a sample frame. The Evaluation Group undertook to gather the names of seniors who fit the description outlined above. The community funded projects sampled for the file review also served as the projects whose intended beneficiaries would be contacted. Table 4.1 presents the distribution of community funded projects that were sampled.

The activities of the sampled projects varied from addressing elder abuse issues, transportation and social activities to providing training for caregivers and providing education/information to seniors.

TABLE 4.1
Sample Distribution of Community Funded Projects

Fiscal Year	NH:PA	NH	SIP	Ventures	Total
1995-96	45				45 (17%)
1994-95		45	20	10	75 (28%)
1993-94		45	30	10	85 (32%)
1992-93		20	10		30 (11%)
1991-92		20	10		30 (11%)
Total	45 (17%)	130 (49%)	70 (26%)	20 (8%)	265 (100%)

Contact names were identified for each of the 265 projects that were sampled. The Evaluation Group sent each contact a package which included a cover letter (Appendix D), a reply form and a postage paid return envelope. The letter explained the nature of the evaluation and requested each project contact to supply a maximum of 20 names (to be entered in a standardized manner on the form provided). A total of 1,538 names were provided, representing 91 projects out of 265 (or 34.3 per cent). The response rates by program and by year of completion are presented in Table 4.2 and Table 4.3 respectively.

TABLE 4.2
Number of Lists Received by Program

Program	# Requested	# Received	Response Rate
NH:PA	45	12	26.7%
NH	130	49	37.7%
SIP	70	26	37.1%
Ventures	20	4	20.0%
Total	265	91	34.3%

TABLE 4.3
Number of Lists Received by Year of Completion

Year of Completion	# Requested	# Received	Response Rate
1992	19	8	42.1%
1993	34	10	29.4%
1994	28	14	50.0%
1995	57	22	38.6%
1996	73	22	30.1%
1997	52	15	28.8%
1998	2	0	0.0%
Total	265	91	34.3%

While project contacts were asked to choose names at random where possible, only 40 per cent of the names were selected in this fashion. This might be due to several factors:

- ❑ some of the projects had fewer than 20 intended beneficiaries and, as a result, all the names were provided;
- ❑ contacts knew that some of the participants of their projects were too sick to be interviewed over the phone (e.g., advanced Parkinson's disease, Alzheimer's disease);
- ❑ contacts did not have the names of all the participants to their activities (e.g., seniors who used purchased equipment in a community hall); and
- ❑ contacts wanted to have authorization from the seniors before adding their name to the list — as this could have taken a lot time, they only contacted those seniors who were easy to reach.

A total of 1,229 names were entered into the CATI system for use as the sample. Of these, 532 were from random lists (i.e., all the names submitted) and the remaining 697 were from non-random lists. Names were selected from the non-random lists in the following fashion:

- ☐ all names were selected and entered into CATI where the list had 20 names or less;
- ☐ where more than 20 names were on the list, 20 were selected randomly and entered into CATI; and
- ☐ names were excluded where they were illegible or it was indicated that the individual did not speak English or French.

The breakdown of the cases by program is presented in Table 4.4.

TABLE 4.4
Sampled Names by Program for Intended Beneficiaries

Program	Number	Per cent of sample
NH:PA	144	11.7%
NH	676	55.0%
SIP	341	27.7%
Ventures	47	3.8%
Other/not specified	21	1.7%
Total	1229	100%

ii. General Public Clients

The sampling for the general public clients was more straightforward. The Division maintains a list of individuals who contact them to obtain information, publications, advice and referrals. The list categorizes correspondence into three categories: that which goes out under the name of DAS; that which goes out under the name of NACA; and that which is produced on behalf of the Minister. It was decided that only those names that received information from DAS and NACA would be contacted as they would be more likely to be familiar with the Division. When compiling the list, the Division also consulted the actual correspondence files (i.e., hard copies) in order to select pertinent client interactions (e.g., include requests for information but exclude requests for publications) and to obtain information on clients' coordinates (e.g., address). A total of 390 names were collected in this fashion. An additional 2,249 names with phone numbers were provided from the Division's mailing list.

(c) Survey Logistics and Response Rate

Ekos assembled a team of twenty fluently bilingual interviewers to conduct the survey. Every shift was supervised by a minimum of two shift supervisors. The survey manager was also present on all shifts. Interviewers and supervisors were trained on the study issues, the survey questionnaire items, as well as telephone interviewing techniques and survey administration procedures. A senior consultant involved with the evaluation was available on-site during the first day of the survey and by phone for the rest of the field work to provide any additional information that became apparent that the survey team required. The Project Manager was also available to the survey team during the entire running of the field operation.

In attempting to make contact, no respondent was called more than once per day unless otherwise requested by the respondent. If an interviewer was unsuccessful in contacting a respondent on two consecutive days, an evening attempt was made. Attempts to reach the respondent on a Saturday were also made. No respondents were called after 8:00 p.m. in their own time zones unless formally requested by the respondent. Appointments were made with potential respondents who expressed a wish to participate at a more convenient time. Respondents were called a maximum of ten times. After the tenth unsuccessful attempt to reach a respondent, the case was retired from the sample.

The survey period spanned a 15 day period, from the commencement of field work to the completion of the last interview. Field work started on August 7th, and terminated on the August 23rd. Daily records were kept of all calls made, whether successful (i.e., interviews completed or appointments made) or not. Supervisors were on hand at all times to monitor the progress of all work including interviewer performance, contact records and data quality. Built into the instrument were an Ekos phone number and contact name, a DAS phone number and contact name and an Evaluation Group phone number and contact name so respondents could verify the legitimacy of the study or to get more information on the study itself. The survey supervisor reported to the survey manager on a daily basis.

Sample attrition considers all numbers not in service, ineligible respondents (i.e., those whose program never was held or, for the intended beneficiaries survey, were not over 65 years of age, or had actually run the program rather than been a beneficiary of it). The "No knowledge" category was used for all people who could not remember having participated in the project. In these cases an attempt was made using the sponsor and contact name to "jog" the respondent's memory. However, if they still did not recall the project, they were removed from the sample.

Respondents who could not respond in either of Canada's two official languages were also screened out. Cases where the respondent was either too ill to respond or was deceased, were also treated as sample attrition. Respondents who were unavailable for the projected duration of the survey were also treated as sample attrition.

Table 4.5 presents the response rate for each survey. The attrition rate for the survey of general public clients was 30 per cent, resulting in a response rate of 85 per cent of the functional sample (301 completed interviews). The refusal rate was 15 per cent. Of the completed interviews, 124 of the names originated from the enquiry lists, while the remaining 177 originated from the mailing lists.[22] All calls that were not fulfilled during the running of the survey were removed from the functional sample.

The sample attrition rate for the intended beneficiaries was 35 per cent. This slightly higher level of attrition can be attributed to the fact that lists submitted by one program was made up of the nurses providing the service rather than the recipients of their care, and one project which seniors registered for, but the program never ran. Along with these factors, the higher attrition can also be attributed to the fact that a higher proportion of this sample had either died or were incapable of participating due to illness. The total number of completions was 553. This results in a response rate of 85 per cent. The total number of refusals was 96. Therefore, the refusal rate was 15 per cent. These results are also presented in Table 4.5.

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22. While the initial quota required 175 interviews to originate from the enquiry lists, the small size of the available sample made this impossible. The shortfall was made up by doing additional cases from the mailing list.

The reader will note that the proportion of numbers retired (not due to attrition) is considerably higher for the survey of general public clients than the survey of intended beneficiaries. This difference can be attributed to the fact that fewer numbers were required to reach the desired number of interviews. That is, because the desired number of interviews was achieved using the 356 numbers in the functional sample and the 646 numbers retired due to attrition, it was not necessary to pursue the 1138 remaining numbers any further.

TABLE 4.5
Response Rates for the Survey of Intended Beneficiaries and the Survey of General Public Clients

	Survey of Intended Beneficiaries	Survey of General Public Clients
Total Sample	1229	2140[23]
Attrition		
Unavailable for duration of survey	20	79
Call limit attained (# of call-backs = 10)	20	12
No knowledge of involvement with DAS/S	80	48
Language difficulty	71	7
Ineligible	90	46
Phone number not in service	101	446
Deceased	52	8
Total attrition	434 (35%)	646 (30%)
Other numbers retired (not due to attrition)		
No answer/busy	143	1130
Appointment set (then not needed)	2	8
Incomplete interview	1	0
Total	146 (12%)	1138 (53%)
Total Functional Sample	649 (53%)	356 (17%)
Refusals	96 (14%)	55 (15%)
Completions	553	301
Response rate (Completions/Functional Sample)	85%	85%

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[23] This number differs from the 2,639 cases mentioned in the previous section. This is because it was deemed sufficient to enter only 2,140 cases into the CATI system in order to secure 300 completions.

(d) Data Base Management

The purpose of data base management is to transform the survey data into a computerized format and create a usable file for the required analysis. In the context of CATI the survey data base is created as the survey unfolds. Each interview is added to the final data base as it is completed. Answer consistency checks and skips (simple and complex) are programmed right into the questionnaire so that questions cannot be asked when they are not required and they cannot be left unanswered when they require and entry. Data editing is thus relegated to a minor check of "non applicable" code attribution in cases where backwards skips occurred during an interview.

Following completion of the field component, the data were reviewed and cleaned and open ended questions were coded. A copy of the unweighted survey marginals are included in Appendix F.

4.2 Survey of Intended Beneficiaries

(a) Profile of Participants

i. Socio-Demographic Profile

❑ Findings from this section are presented graphically in Table 4.6.

TABLE 4.6
Socio-Demographic Profile: Intended Beneficiaries

Characteristic	Per Cent
Sex	
Male	31
Female	69
Age	
65-69	26
70-74	36
75-79	25
80 +	13
Marital Status	
Married/Common law	49
Widowed	39
Single	5
Separated/divorced	6
Employment Status	
Retired	91
Homemaker	5
Employed	4
Education	
Primary school	17
Some high school	22
High school graduate	23
Some post-secondary	9
Community college graduate	9
University graduate	17
Other	2
Don't know/no response	1
Residence	
Private residence	85
Retirement home/institution/other	15
Household Size	
1	36
2	53
More than 2	10
Language	
English	62
French	23
Other	15

Characteristic	Per Cent
Current Financial Situation	
Can meet needs and have money left over for extras	41
Enough to meet needs, but little left over	46
Can bareiy meet needs	10
Don't know/no response	3
Household Income	
Less than $10,000	8
$10,000 to $14,999	16
$14,999 to $19,999	14
$20,000 to $29,999	19
Over $30,000	23
Don't know/no response	20
Size of Community	
Less than 10,000	37
10,000 to 99,999	29
100,000 to 1 million	23
Over 1 million	5
Don't know/no response	5
Volunteer Work	
Yes, lots	26
Yes, some	30
No	34
Spend Time Helping Family, Friends, Neighbours	
Yes, lots	29
Yes, some	52
No	18

- ☐ The majority of intended beneficiaries surveyed fell into the 70 to 74 years category (36 per cent). Almost all respondents were retired or homemakers.

- ☐ The majority of respondents were female (69 per cent).

- ☐ Household income was asked by category. Eight per cent of respondents had household incomes below $10,000. Thirty per cent of respondents reported an annual household income that was between $10,000 and $19,999; 16 per cent reporting $10,000 to $14,999 and 14 per cent reporting $15,000 to $19,999). Forty-two per cent of respondents have household incomes over $20,000 a year.

- ☐ Intended beneficiaries were asked to assess the adequacy of their current income to meet their needs. Ten per cent of respondents are financially insecure, saying that they could barely meet their needs and have nothing left over for extras. A full 41 per cent are considered financially secure reporting being able to meet their needs and have enough money left over to do the things they want. Just under half are in the middle — they have enough to meet their needs, but do not have much left over for extras (46 per cent).

- ❑ The majority of respondents were English speaking (62 per cent), with 23 per cent reporting French as their first language.
- ❑ Overall, the community in which the respondent lived was typically small; 37 per cent reported living in a community with a population of less than 10,000 and only five per cent mentioned living in a community with more than one million inhabitants.
- ❑ Most intended beneficiaries surveyed live in households with two people (53 per cent). Thirty-six per cent of respondents live alone and 10 per cent live with two or more other people. The vast majority of respondents live in a private residence (85 per cent).
- ❑ Beneficiaries' educational levels were quite low, not surprising given their age. Almost 40 per cent had not completed high school. Twenty-three per cent were high school graduates and a similar proportion, 26 per cent, were post-secondary graduates.
- ❑ Almost half of respondents reported being married or living in a common-law arrangement at the time of the survey (49 per cent). The next most common marital status that was reported was that of being widowed (39 per cent).
- ❑ More than half of intended beneficiaries (56 per cent) are involved in formal volunteer work. The vast majority (81 per cent) are involved in informal volunteering, spending time helping family, friends and neighbours.

ii. Health

- ❑ Most intended beneficiaries reported their health as being very good compared to others their age (55 per cent). An additional 38 per cent said their health was average. Only 6 per cent said their health was poor (Table 4.7).
  - Respondents who are financially secure — that is, they can afford the extras (on top of living expenses) — are more likely to report having very good health than those who cannot afford the extras (66 per cent).

TABLE 4.7
Health Profile: Intended Beneficiaries

Characteristic	Per cent
Health compared to other people your age	
Very good	55
Average	38
Poor	6
Have a chronic or long-term illness, injury or disability that limits physical independence	
Yes	31
No	68
Of those with limited physical independence, extent of limitation	
A great deal	36
Somewhat	43
A little	20
Done something to improve health in last 12 months	
Yes	55
No	45
Most important change in last 12 months to improve health (top two responses)	
Increased physical activity	53
Changed eating habits	18
Factors helping to make change (top three responses)	
Increased knowledge of health issues	50
Advice from health professional	50
Support from family and friends	36

- Male respondents are more likely to report having very good health than their female counterparts (64 per cent versus 51 per cent for females).

❑ The majority of respondents did not report having a chronic or long-term health problem (68 per cent). Significant findings by respondent type are broken down below.

  - Respondents who are married or living common law are more likely than their counterparts who are widowed, single or divorced to be free of a chronic health condition (76 per cent versus 68 per cent overall).
  - Not surprisingly, those who reported having very good health were more likely to be free of a chronic health condition (85 per cent versus 68 per cent

overall), and those who have average or poor health are more likely to have a chronic condition (44 and 97 per cent respectively versus 31 per cent overall).

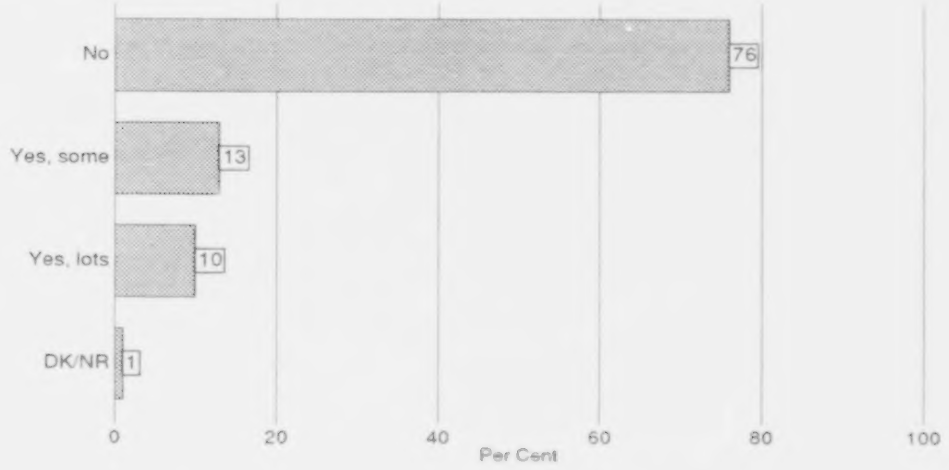
- Of those respondents who reported having a chronic or long-term health condition, most reported their physical independence being at least somewhat limited by this illness, injury or disability (43 per cent said somewhat and 26 per cent reported a great deal). Twenty per cent said "a little" limited.
  - Once again, respondents who reported having very good health were more likely to report being a little limited (36 per cent versus 20 per cent overall). Those who have average health are more likely to be somewhat limited (53 per cent versus 43 per cent overall), and those who said their health was poor were most likely to say that their physical independence was limited a great deal (76 per cent versus 36 per cent overall).
- The majority of respondents said that they did something to improve their health in the last 12 months (55 per cent versus 45 per cent who did not).
- Of those who did something to improve their health, the single most common change was an increase in physical activity (53 per cent). The next most frequent adjustment was a change in eating habits (18 per cent). A change in their physical environment, receipt of better care services and a change in medication were all mentioned six per cent of the time.
- When intended beneficiaries were asked what helped them make this change, half answered that it was due to an increased knowledge of health risks and advice from a health professional (each factor was mentioned by half of respondents). The next most common factor was support from family and friends (36 per cent).

iii. Independence

- Intended beneficiaries were asked to comment on the amount of assistance (i.e., around the house, in getting around) they receive from their family and friends. Three-quarters (76 per cent) of respondents said that they do not receive any assistance. Of the remaining quarter, 10 per cent reported that they receive a lot of assistance and 13 per cent receive some assistance (Exhibit 4.1).
  - Those seniors to whom we spoke in British Columbia were more likely to report receiving some assistance (26 per cent versus 13 per cent overall) than the respondents in other regions.

EXHIBIT 4.1
Assistance Required

"Do you receive any assistance (e.g., around the house, in getting around) from your family and friends?"



(n=553)

Source: DAS/S Evaluation, Survey of Intended Beneficiaries, 1996

- Not surprisingly, respondents having reported poor health were more likely to say they receive lots of assistance (26 per cent versus 10 per cent overall), and conversely, those reporting very good health were more likely to say they receive no assistance (82 per cent versus 76 per cent).

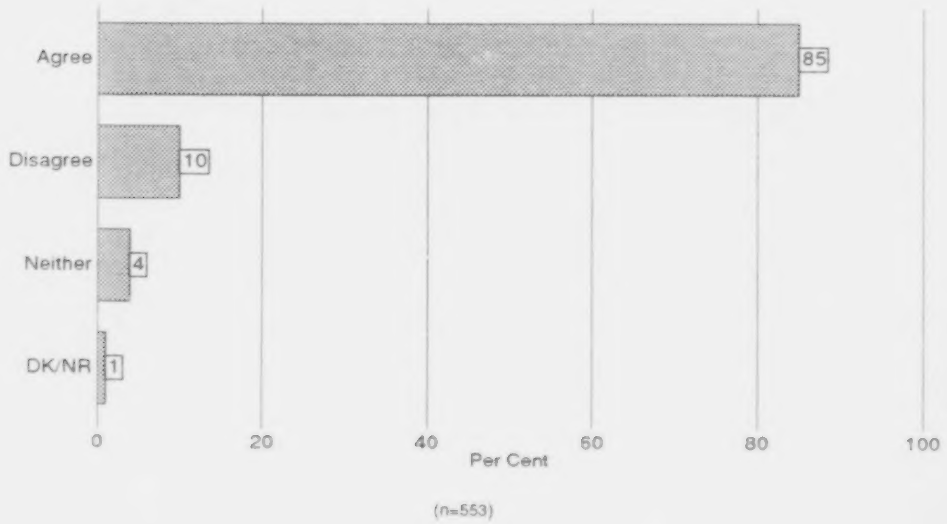
❑ Most respondents feel that, if they needed it, the support from their friends and family would be as much as they would need (60 per cent). Nineteen per cent said that availability would be less than they would need and 14 per cent said it would be more than they would need.

❑ As presented in Exhibit 4.2, when asked to agree or disagree with the following statement: "I have someone in my life whom I do things with and can confine in", the majority of respondents agreed (85 per cent). Ten per cent disagreed and four per cent neither agreed nor disagreed.

- There is a positive correlation between whether a respondent is married/common law and whether they have someone to do things with and talk to (93 per cent married/common law agree versus 75 per cent widowed).

EXHIBIT 4.2
Amount of Companionship

I have someone in my life whom I do things with and can confide in"



Source: DAS/S Evaluation, Survey of Intended Beneficiaries, 1996.

- Intended beneficiaries who are more financially secure were more likely to agree with this statement (91 per cent versus 85 per cent). Those who reported that their income barely met their needs were more likely to disagree (22 per cent versus 10 per cent overall). There was a similar relationship based on level of household income.

- Respondents who participated in a New Horizons: Partners in Aging project were less likely to agree (68 per cent versus 85 per cent overall).

(b) Program Participation

❑ Respondents were asked to describe the main activity or service that they received by participating in the program. The most commonly cited were social activities (37 per cent) such as card games, bingos, afternoon tea or evening get-togethers. The next two most common activities were educational services/

information sessions (29 per cent) and physical activity/fitness (19 per cent). Exhibit 4.3 displays the frequency of these and other activities graphically.

- Those respondents who are married/common law are more likely to report participating in physical activities (17 per cent versus 13 per cent overall).

- Participants who are widowed are more likely to have participated in social activities (44 per cent versus 37 per cent overall) and less likely to have received educational services (20 per cent versus 29 per cent overall).

- The service of meals and meal preparation was cited more often by those respondents who said their income barely met their needs (11 per cent versus seven per cent overall) and was cited less often by those whose income allows them to afford extras (two per cent).

- Similarly, the service of meals and meal preparation was mentioned more by those earning less than $10,000 (16 per cent).

- Respondents earning between $10,000 and $14,999 were more likely to have received a booklet or publication (six per cent versus two per cent overall).

- Respondents earning between $15,000 and $19,999 were more likely to have participated in community activities (five per cent versus one per cent overall).

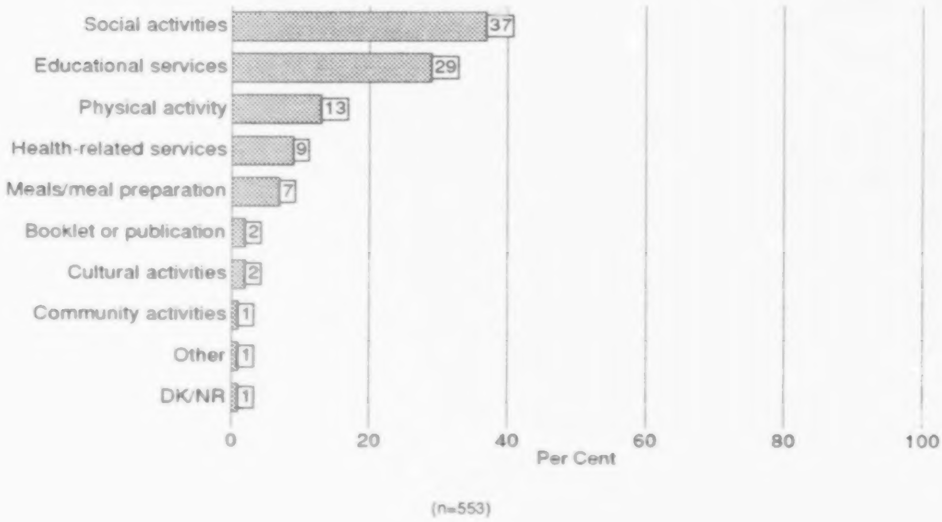
- Respondents earning $30,000 or more were more likely to have received educational services or information sessions (41 per cent versus 29 per cent overall).

- Differences by region were also noted. These include: respondents in the Atlantic regions were more likely to have participated in a physical activity program (26 per cent versus 13 per cent overall); respondents in Quebec were more likely to have received meals/meal preparation (19 per cent versus seven per cent) and less likely to have been involved in educational services (11 per cent versus 29 per cent overall); Prairie respondents were less likely to have been involved with meals/meal preparation (one per cent versus seven per cent overall); and those respondents in British Columbia were more likely to have received an education service (52 per cent versus 29 per cent overall).

- By program, the most significant differences were between New Horizons and the other programs. Beneficiaries of New Horizons were more likely to report participating in programs focusing on physical activity (17 per cent versus 13 per cent overall); social activities (44 per cent versus 37 per cent

EXHIBIT 4.3
Main Activity

"What was the main activity of service you received?"



Source: DAS/S Evaluation, Survey of Intended Beneficiaries, 1996.

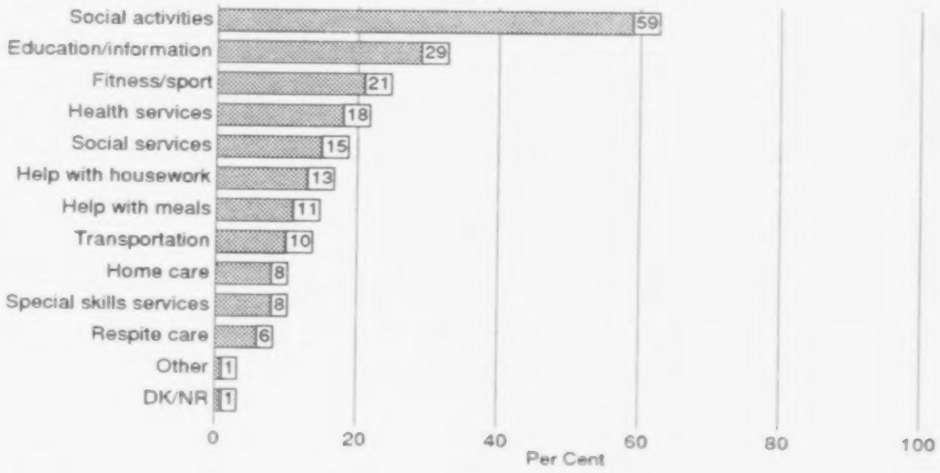
overall); meals/meal preparation (11 per cent versus seven per cent overall); and cultural activities (three per cent versus one per cent overall). They were less likely to be health-related services (three per cent versus nine per cent overall); and less likely to be educational services (17 per cent versus 29 per cent overall).

- SIP was also different from the other programs in several areas: more likely to be educational services (44 per cent versus 29 per cent overall); and less likely to be meals/meal preparation (one per cent versus seven per cent overall).

❑ Respondents were also asked whether they are currently participating in other programs or receiving any other services specifically for seniors. The majority replied that they were not participating in a program or receiving services for seniors (69 per cent). Thirty per cent said they were participating in a program or receiving services.

- The kinds of programs and services they were receiving varied a great deal. The three most frequently mentioned programs were social activities/clubs (59 per cent), education/information services and programs (29 per cent) and fitness/sport activities (21 per cent). Exhibit 4.4 presents these and other activities.

EXHIBIT 4.4
Activity of Current Service/Program
"What kinds of seniors' services or programs?"



(n=170)

Source: DAS/S Evaluation, Survey of Intended Beneficiaries, 1996.

(c) *Impacts and Effects*

i. *Health, Well-Being and Independence*

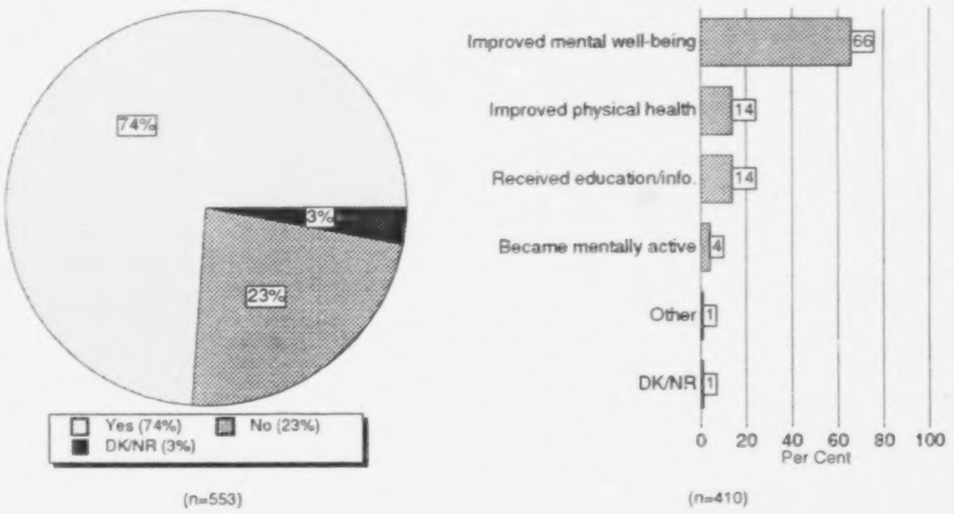
- With respect to the services received from DAS/S programs, respondents were asked whether they served to help maintain or improve their health, well-being and/or independence. Almost three-quarters (74 per cent) said that they did. Twenty-three said they did not do this and three per cent did not know or had no response.

- ❑ For those who responded affirmatively, they were asked to elaborate by explaining how their health, well-being and/or independence was maintained or improved. Two thirds (66 per cent) said that the activities/services improved their mental well-being and opportunities for social interaction. Other respondents said that the programs/services improved their physical health (14 per cent) and provided education/information (14 per cent). These findings are presented in Exhibit 4.5.

EXHIBIT 4.5
Impact of Services/Activities

"Did the services/activities help you maintain or improve your health, well-being or independence in any way?"

"In what way?"



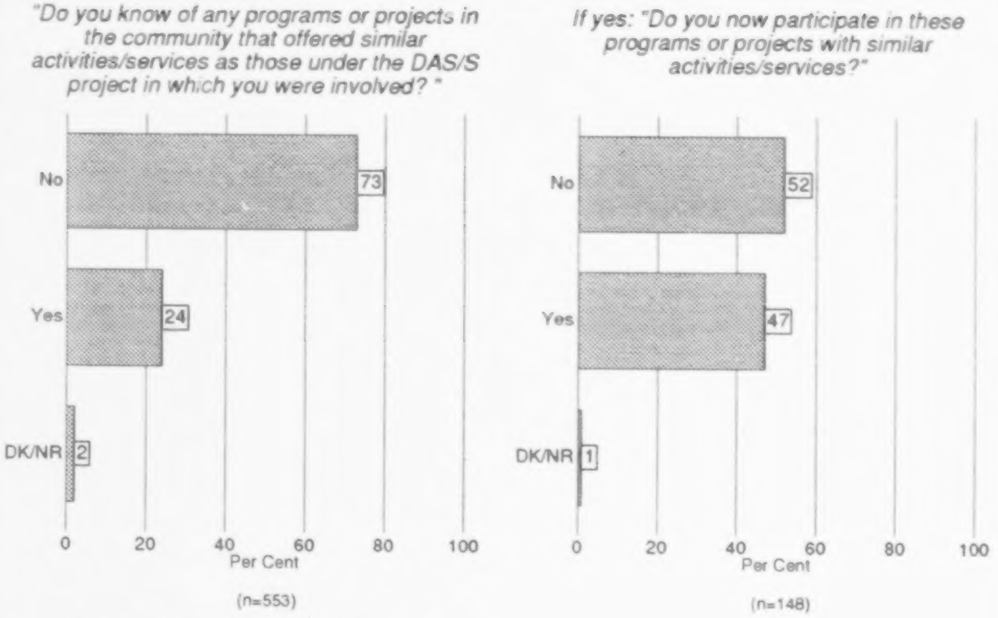
Source: DAS/S Evaluation, Survey of Intended Beneficiaries, 1996.

- Respondents from the Atlantic region were more likely to report increased physical activity (29 per cent versus 14 per cent overall) and less likely to have seen their mental health/opportunities for social interaction improved (45 per cent versus 66 per cent).

ii. Alternatives

- ❑ Respondents were asked whether they were aware of any other projects in the community offering similar activities and services as the DAS/S program in which they were involved. The majority of respondents were not aware of any other projects that served this function (73 per cent). A full 24 per cent were aware of other programs/projects offering similar activities. Please refer to Exhibit 4.6.

EXHIBIT 4.6
Alternatives



Source: DAS/S Evaluation, Survey of Intended Beneficiaries, 1996.

- Those who had participated in the SIP project were slightly more likely to be aware of other projects/programs (30 per cent versus 24 per cent overall).

- ❑ Of those that were aware of other similar programs/services, less than half actually participate in them (47 per cent).

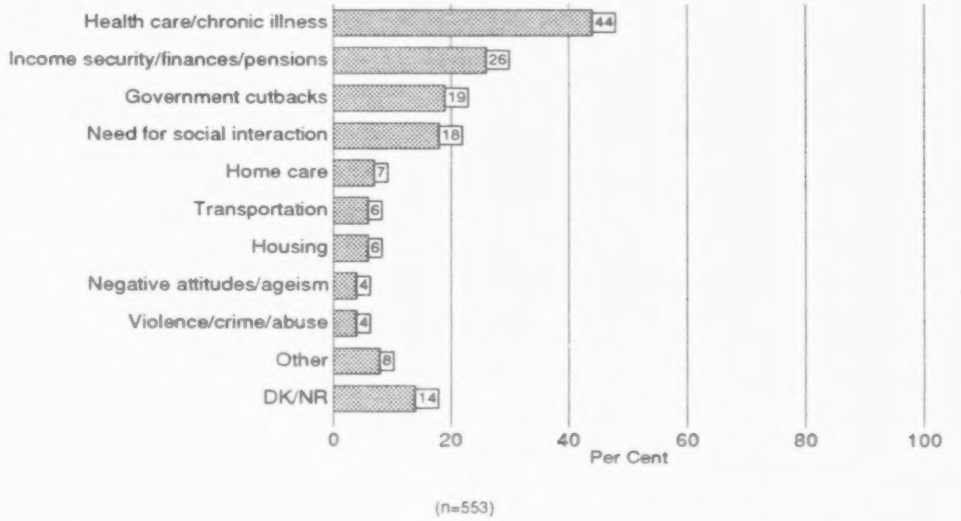
(d) Issues Affecting Seniors and Future Priorities

i. Threats to Seniors

- The top three issues currently threatening the health, well-being and independence of Canadian seniors today, as identified by intended beneficiaries, are: health care/chronic illness (44 per cent), income security/finances/pensions (26 per cent) and government cutbacks (19 per cent). A close fourth is the need for social interaction (18 per cent). All the issues identified by respondents are displayed in Exhibit 4.7.

EXHIBIT 4.7
Issues

"What are the two biggest issues currently threatening the health, well-being and independence of Canadian seniors today?"



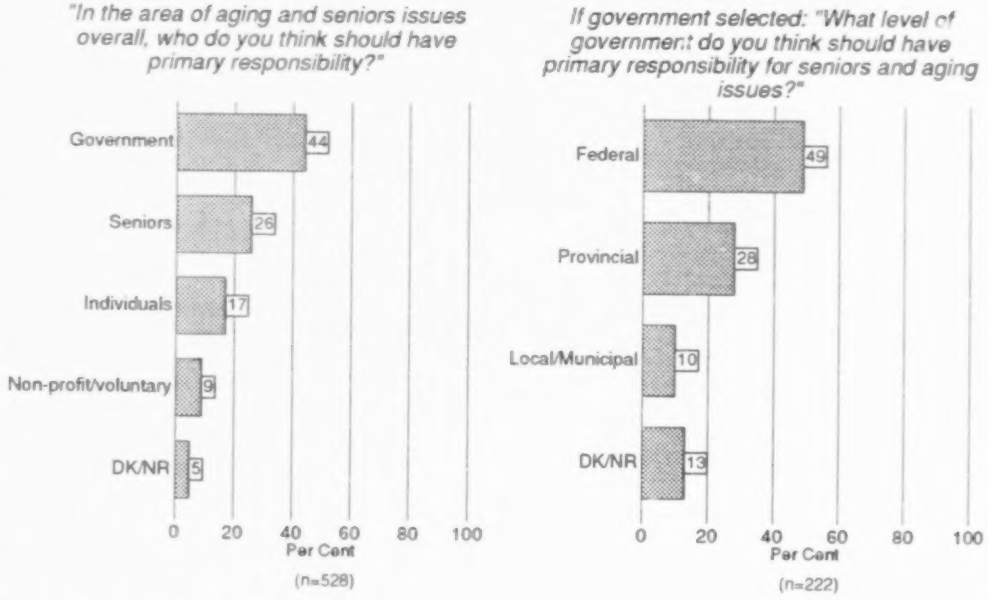
Source: DAS/S Evaluation, Survey of Intended Beneficiaries, 1996.

- Respondents in Quebec were more likely to identify social interaction as an issue (33 per cent), whereas those in Ontario were less likely to identify it as an issue (11 per cent).

ii. *Government Responsibility*

❑ When intended beneficiaries were asked who should have primary responsibility for aging and seniors' issues, 44 per cent said it should fall to government. Twenty six would like to see seniors with the responsibility and 17 per cent said that it should go to individuals in general (Exhibit 4.8).

EXHIBIT 4.8
Responsibility for Aging and Seniors Issues



"In the area of aging and seniors issues overall, who do you think should have primary responsibility?"

If government selected: "What level of government do you think should have primary responsibility for seniors and aging issues?"

Source: DAS/S Evaluation, Survey of Intended Beneficiaries, 1996.

- Government was more likely to be chosen by those respondents who are less financially secure (71 per cent) and less likely to be chosen by financially secure respondents (36 per cent).

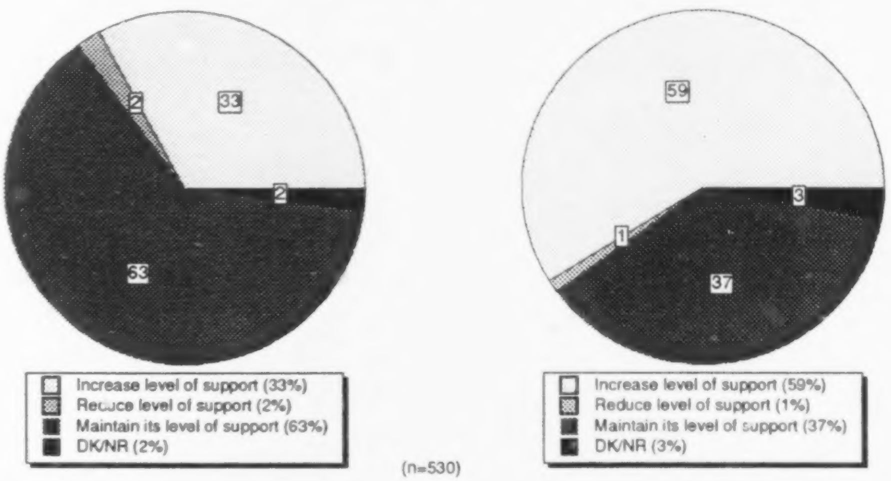
- Of those who selected government to assume primary responsibility, almost half of respondents would like primary responsibility to fall with the federal government (49 per cent). Just over a quarter (28 per cent) would like the provincial government to have responsibility and 10 per cent want to see it at the local level. Thirteen per cent did not know or had no comment. These results are also presented in Exhibit 4.8).

- Most respondents would like to see the federal government maintain its current level of support in the area of aging and seniors' issues (63 per cent). One-third (33 per cent) would like the federal government to increase its level of support. Only two per cent would like to see the government reduce its level of support. Please refer to Exhibit 4.9).

EXHIBIT 4.9
Government Support for Aging and Seniors Issues

"Overall, in the area of aging and seniors issues, what would you like to see the federal government do in the future for ***all Canadian seniors****?"*

"Overall, in the area of aging and seniors issues, what would you like to see the federal government do in the future for ***low income Canadian seniors****?"*



Source: DAS/S Evaluation, Survey of Intended Beneficiaries, 1996.

- There are significant differences among respondents based on whether they consider their income to be adequate. For example, those who are more financially secure are less likely to desire more support (25 per cent), whereas those whose income is barely adequate to meet their needs are more likely to want increased government support (59 per cent) and less likely to want to maintain current levels of support (35 per cent).

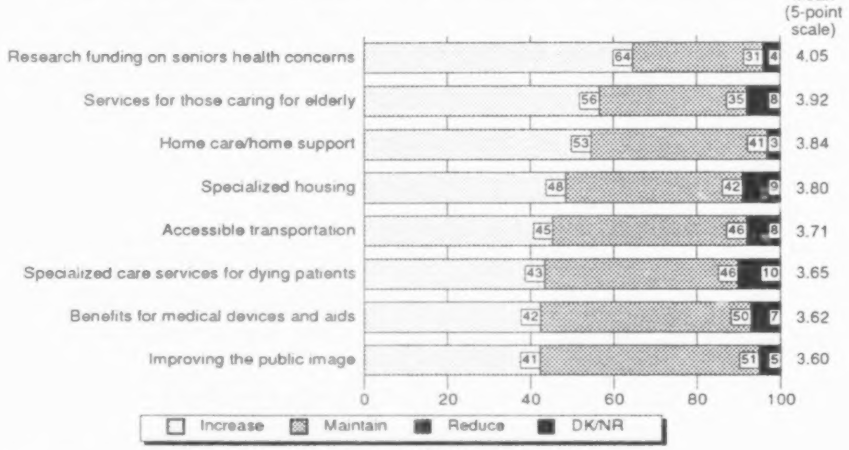
- ❑ In the area of government support for low income seniors, 59 per cent of respondents would like to see the government increase its support and 37 per cent would like it to maintain its current level of support (also presented in Exhibit 4.9).
    - Again, respondents who are less financially secure are more likely to want the government to increase its support (78 per cent versus 59 per cent overall) whereas those seniors with greater financial security are less likely (although still a majority) to want this (52 per cent versus 59 per cent overall)
- ❑ Respondents were presented with the following statement "...those who can pay, should, and only low income seniors should receive government-supported services". Fifty-two per cent agreed with this statement and 29 per cent disagreed. Sixteen per cent neither agreed nor disagreed.

iii. Priorities

- ❑ According to intended beneficiaries, the top three areas which should receive increased government support are: research for funding on seniors' health concerns (64 per cent believed the government should increase support; 4.05 mean on 5-point scale); services for those caring for elderly people (56 per cent; 3.92 mean); and home care/home support (53 per cent; 3.84 mean).
- ❑ The three areas which were viewed as less in need of increased government support are: health care benefits for out-of-country care (21 per cent believed the government should increase support; 3.00 mean); organizations for seniors (28 per cent; 3.36 mean); and guiding and coordinating other organizations (33 per cent; 3.43 mean).
- ❑ These findings and others are presented in Exhibits 4.10 and 4.11).
- ❑ Significant differences by various socio-demographic characteristics are presented below.

EXHIBIT 4.10
Priorities for Government (I)

"Should the government increase, maintain or reduce its support of...?"



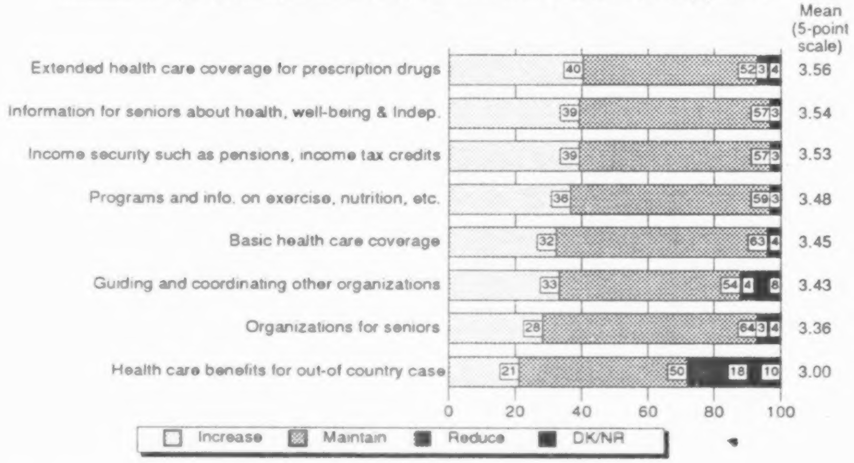
(n=553)

Note: Numbers under 2 are not displayed in the graphic.

Source: DAS/S Evaluation, Survey of Intended Beneficiaries, 1996.

EXHIBIT 4.11
Priorities for Government (II)

"Should the government increase, maintain or reduce its support of...?"



(n=553)

Note: Numbers under 2 are not displayed in the graphic.

Source: DAS/S Evaluation, Survey of Intended Beneficiaries, 1996.

- Female respondents are more likely to want increased support for: those who are caring for an elderly relative or friend (61 per cent versus 44 per cent for male respondents); home support/home care services (58 per cent versus 46 per cent for male respondents); accessible transportation (49 per cent versus 38 per cent for male respondents).

- Those financially insecure respondents who reported having barely enough income to meet their needs are more likely to want increased support for: home care and home support services (71 per cent versus 55 per cent overall); extended health care benefits for prescription drugs (53 per cent versus 40 per cent overall); providing information to seniors about health, well-being and independence (56 per cent versus 39 per cent overall); income security such as pensions and income tax credits (58 per cent versus 39 per cent overall); and basic health care coverage (55 per cent versus 32 per cent overall).

- Respondents in the Prairie region are more likely to want increased support for extended health care benefits for prescription drugs (54 per cent versus 40 per cent overall).

- Respondents who participated in New Horizons projects are more likely to want increased government support for income security such as pensions and income tax credits (52 per cent versus 39 per cent overall).

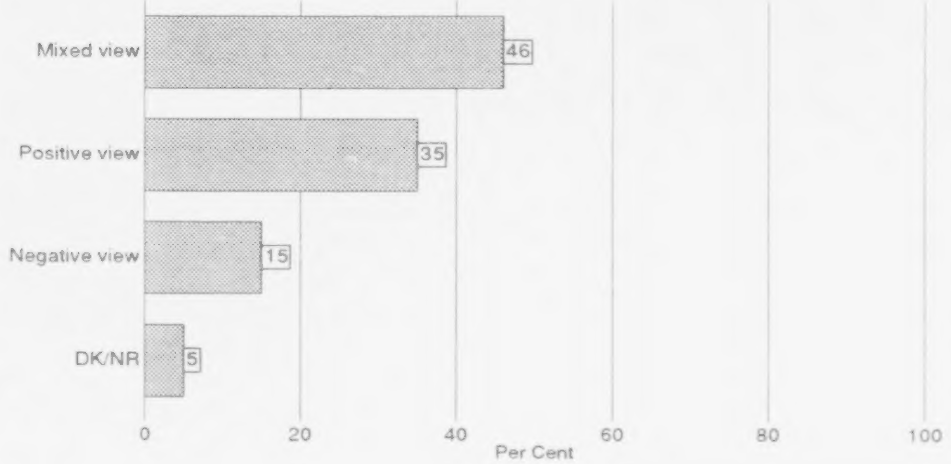
☐ When asked how non-seniors perceive aging and seniors in Canada today, 46 per cent said that they think non-seniors have a mixed view and 35 per cent think they have a positive view. Only 15 per cent think seniors are viewed in a negative way. Exhibit 4.12 presents these findings.

(e) Comparison of Respondents from Random versus Non-Random Lists

There were only a few significant differences between respondents whose names were provided through a random procedure and those whose names were not selected randomly by sponsors.

The non-random group was less likely than the random group to have completed an undergraduate degree (9 per cent versus 17 per cent) and more likely to

EXHIBIT 4.12
Perceptions of Seniors
"Overall, how would you say non-seniors perceive seniors and aging in Canada today?"



(n=553)

Source: DAS/S Evaluation, Survey of Intended Beneficiaries, 1996.

live in a small town of 10,000 people or less (54 per cent versus 21 per cent). The non-random group was also more likely to say their income only allows them to barely meet their needs (13 per cent versus 7 per cent). It should be noted that there are interrelations between these three variables such that, for the sample as a whole, living in a small town is associated with lower levels of education and lower levels of education are associated with being barely able to meet ones needs financially. Given this, it is perhaps not surprising that the non-random group was also more likely to have participated in a NH:PA project as NH:PA projects are intended to target seniors at risk (14 per cent versus 3 percent) while the random group was more likely to have participated in a SIP project (39 per cent of the random group versus 24 per cent of the non-random group).

Despite these sociodemographic differences, there were few other differences between these groups. The only significant differences were that respondents from the random group were more likely than those from the non-random group to say:

- that their participation had helped them maintain their health, well-being and independence (82 per cent versus 72 per cent);
- that they do not receive any assistance from anyone (82 per cent versus 73 per cent); and
- less likely to feel that overall, in the area of aging and seniors issues, the government should increase its level of support (28 versus 38 per cent).

In general, it appears from these differences that the non-random group may be somewhat more "at risk" than the random group. There may be something inherent in projects involving these individuals that resulted in the sponsors not being able to select names of participants at random, however this cannot be discerned from the available information. At the same time, there were no differences between the random and the non-random groups in terms of their perceptions of the top issues facing seniors nor in terms of their opinions regarding the level of government support for the different areas presented in the surveys.

4.3 Survey of General Public Clients

(a) Profile of Clients

- DAS/S has several types of general public clients. As mentioned above, general public clients include those who have initiated contact with the division through a telephone or written request or enquiry. Other general public clients are members of the Division's publication list who regularly receive written material from the department. General public clients may be seniors or they may be non-seniors. (Note that non-seniors who responded to the survey were not asked these socio-demographic questions as the information was desired for comparative purposes when analysing the findings from the survey of intended beneficiaries.) They may have contacted the program for themselves or on behalf of their organization or another person. Differences in responses among these different types of clients are highlighted where significant.

- A profile of general public clients who are seniors is presented in Table 4.8. These seniors clients are drawn mostly the enquiries client group. General public findings of the program tend to be female (69 per cent) and most are married (60 per cent). The level of education of these clients is quite high, especially given their age, with about one-third being university graduates.

- The majority of clients are currently retired and appear to be relatively independent and financially secure. The vast majority still live in a private residence (93 per cent) and the majority (82 per cent) are able to meet their needs with their current income. Sixteen per cent can barely meet those needs. About one-third have household incomes of over $30,000. About one in five have a household income that is less than $15,000.

TABLE 4.8
Socio-Demographic Profile: General Public Clients (Seniors Only)

Characteristics	Per Cent
Sex	
Male	31
Female	69
Marital status	
Married	60
Widowed	26
Single	5
Separated/divorced	9
Employment status	
Retired	86
Homemaker	3
Employed	10
Education	
Primary school	10
Some high school	16
High school graduate	16
Some post-secondary	15
Community college graduate	11
University graduate	32

Characteristics	**Per Cent**
Residence	
Private resident	93
Retirement home/institution/other	7
Household size	
1	31
2	59
More than 2	9
Language	
English	48
French	35
Other	17
Current financial situation	
Can meet needs and have money left over	44
Enough to meet needs but little left over	38
Can barely meet needs	16
Household income	
Less than $10,000	5
$10,000 to $14,999	16
$15,000 to $19,999	16
$20,000 to $29,999	11
$30,000 or more	33
Don't know/no response	18
Size of community	
Less than 10,000	23
10,000 to 99,999	33
100,000 to 1 million	29
1 million plus	7
Don't know	8
Volunteer work	
Yes, lots	38
Yes, some	30
No	32
Spend time helping family, friends, neighbours	
Yes, lots	39
Yes, some	52
No	9

- ☐ The majority of clients are involved in formal (68 per cent) or informal (91 per cent) volunteer work.

- The majority of general public clients who are seniors rate their health as very good or average compared to others their age (Table 4.9). One in five have a chronic or long-term illness, injury or disability. Of those with a chronic health problem, about half report their physical independence to be limited "a great deal".

- Almost two-thirds of general public clients who are seniors had done something to improve their health in the last 12 months. Increased physical activity and a change in eating habits were the most frequently mentioned changes (47 per cent and 11 per cent respectively). Increased knowledge, advice from health professionals and support from family/friends were the most important factors helping them to make this change.

TABLE 4.9
Health Profile: General Public Clients (Seniors Only)

Characteristics	Per Cent
Health compared to other people your age	
Very good	62
Average	34
Poor	3
Have a chronic or long-term illness, injury or disability that limits physical independence	
Yes	24
No	76
Of those with limited physical independence, extent of limitation	
A great deal	52
Somewhat	19
A little	29
Done something to improve health in last 12 months	
Yes	63
No	37
Most important change last 12 months to improve health (top two responses)	
Increased physical activity	47
Changed eating habits	11
Factors helping to make change (top three responses)	
Increased knowledge of health risks	56
Advice from health professional	52
Support from family/friends	33

- Overall, the majority of general public clients surveyed (61 per cent) contacted the Department on behalf of their organization. These may be seniors or non-seniors. Many of these organizations (57 per cent) deal primarily with seniors issues (Table 4.10). Client organizations are drawn from a variety of sectors — government, academic, service providers — providing various types of services. Fifty-four per cent of organizations had 100 people or more.

TABLE 4.10
Organizational Profile: General Public Clients

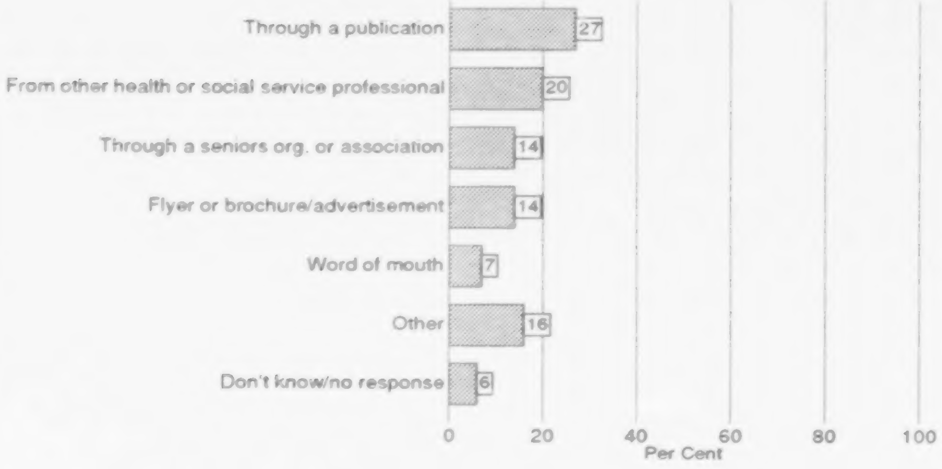
Characteristics	Per Cent
Organization deals primarily with seniors issues	
Yes	57%
No	42%
Type of organization	
Direct service provider - health	21%
Direct service provider - non-health	7%
Research institute, university	7%
Government	8%
Community-based seniors organization	18%
Other	38%
Size of organization	
Less than 10 people	17%
10 to 99 people	28%
100 or more people	54%

(b) Program Awareness

- For general public clients, the most important source of awareness of DAS/S was through a publication (27 per cent) (Exhibit 4.13). Health or social service professionals were the primary source of awareness for one in five general public clients. Other sources of awareness of DAS/S in order of importance were: seniors organization or association, flyer or brochure, and word of mouth.
  - Word of mouth and public advertising/flyers or brochures were more important sources of awareness for general public clients who were seniors compared to non-seniors (13 and 26 per cent respectively became aware of the program this way).

EXHIBIT 4.13
Sources of Awareness

"How did you first hear about Health Canada's programs for aging and seniors?"



(n=300)

Source: DAS/S Evaluation, Survey of General Public Clients, 1996.

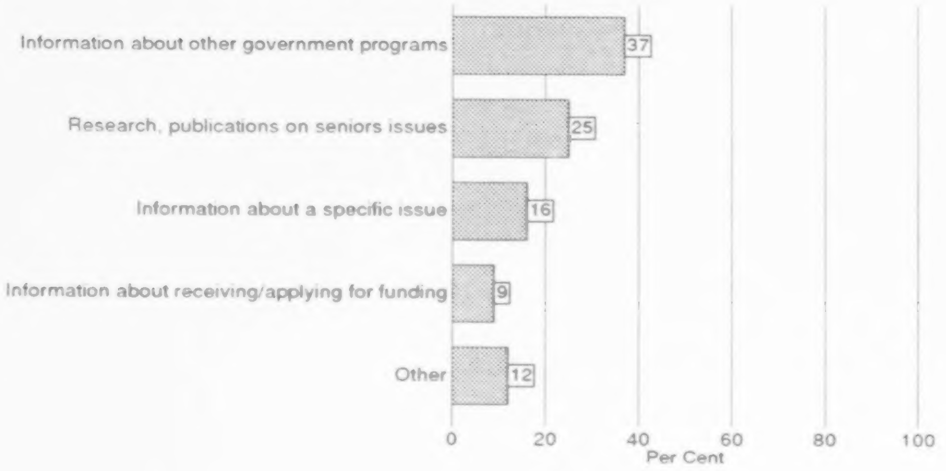
❑ For many general public clients, DAS/S plays a referral function or point of entry to other government program and services. Thirty-seven per cent of clients contacted DAS/S in order to obtain information about other government programs (Exhibit 4.14). One in four contacted the program to request a publication or research on seniors issues. Sixteen per cent of clients contacted the program to obtain information about a specific issue and nine per cent wanted information about receiving or applying for funding.

- General public clients who are not seniors and mailing list clients were more likely to be interested in research and publications on seniors issues (31 and 30 per cent respectively).
- Those who contacted Health Canada for themselves were more likely to be interested in information about other government programs (45 per cent).

❑ General public clients contacted DAS/S on a variety of subjects, some directly under the purview of DAS/S and others more relevant to other federal or even

EXHIBIT 4.14
Reason for Contacting Health Canada

"What was the main reason why you contacted Health Canada's aging and seniors programs?"



(n=297)

Source: DAS/S Evaluation, Survey of General Public Clients, 1996.

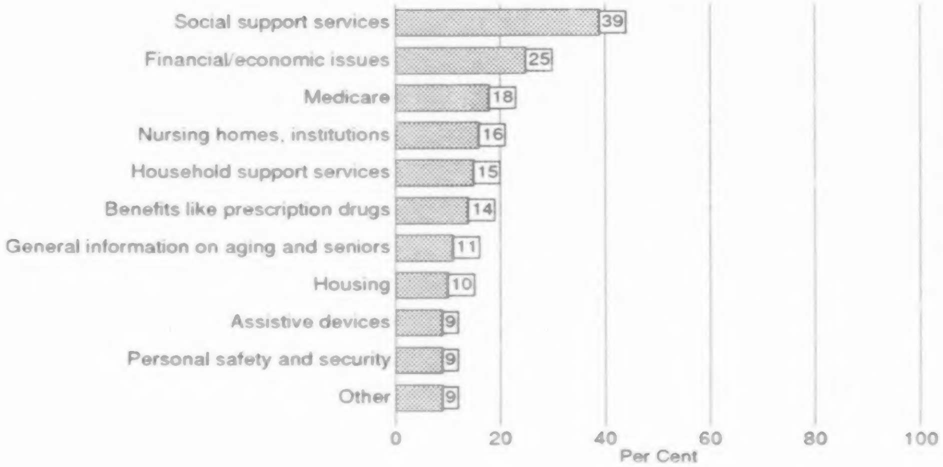
provincial government departments. Social support services was the most frequently mentioned subject of clients' contact with DAS/S (Exhibit 4.15). About 40 per cent of clients requested information, advice or referral on this subject. One in four clients contacted DAS/S on the subject of financial issues such as pensions.

- General public clients over the age of 65 were more likely to be interested in medicare and financial/economic issues than non-seniors (26 and 34 per cent respectively). Similarly, enquiries clients were more likely to have contacted the program for information on financial/economic issues compared to mailing list clients.

- Those who contacted the program on behalf of their organization were more likely to be interested in social support services and assistive devices and less likely to be interested in financial or economic issues (31 per cent).

EXHIBIT 4.15
Subject of Interest

"On what subject were you interested in obtaining information, advice or referral?"



(n=300)

Source: DAS/S Evaluation, Survey of General Public Clients, 1996.

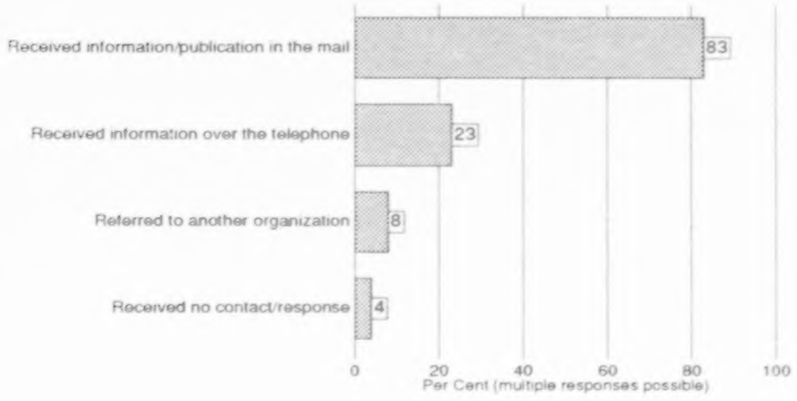
(c) *Program Results*

- By far the most important program result for general public clients was receiving information or a publication in the mail (83 per cent) (Exhibit 4.16). About one in four clients received information over the telephone. Eight per cent were referred to another organization. A minority — four per cent — reported receiving no contact or response.

- The issue of alternative sources of information or advice to DAS/S was examined in the survey. Twenty-three per cent of respondents believed they could have received the same information or advice from a group or agency other than DAS/S (Exhibit 4.17). Sixty per cent did not believe there were alternative sources of information and eighteen per cent did not know.

EXHIBIT 4.16
Program Results

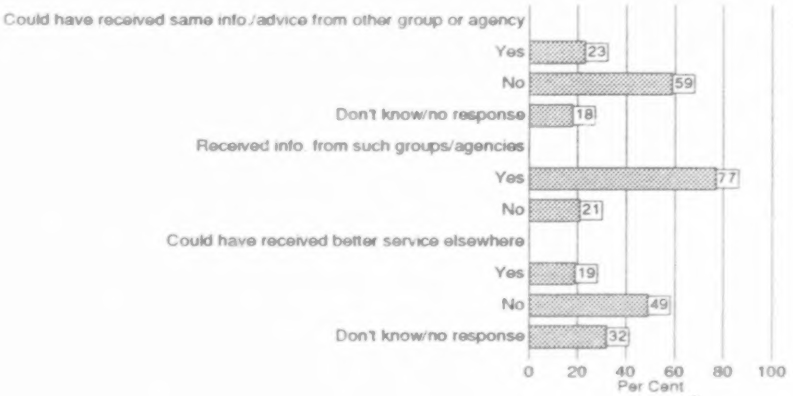
"What was the result of your contact with Health Canada?"



(n=300)

Source: DAS/S Evaluation, Survey of General Public Clients, 1996.

EXHIBIT 4.17
Alternative Sources of Information/Advice



(n=70)

Source: DAS/S Evaluation, Survey of General Public Clients, 1996.

- Seniors were more likely to state that they didn't know whether other sources of information or advice were available (26 per cent).

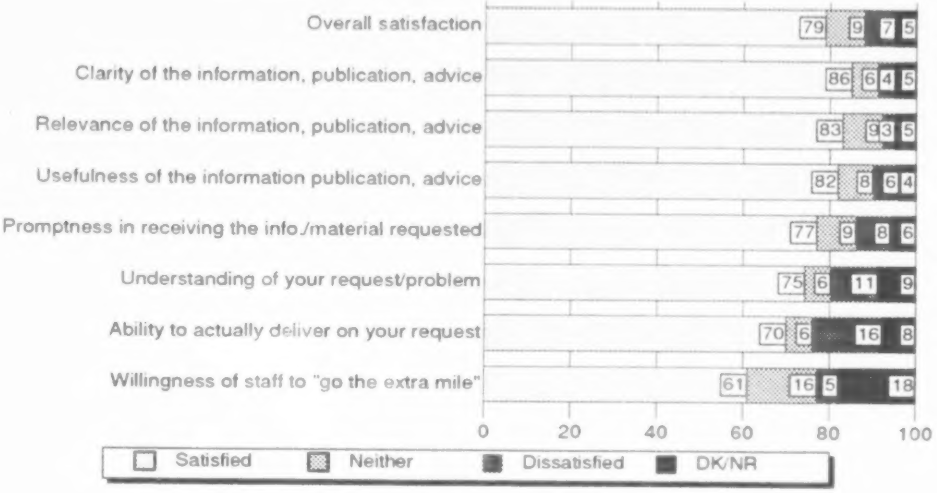
- ❑ Of those who stated that there were alternative sources for the information or advice they required, 77 per cent had received information from these groups or agencies. About one in five believed that they could have received better service from these alternative groups or agencies.

(d) Satisfaction

- ❑ Eighty per cent of general public clients reported that their contact with Health Canada's seniors and aging program had met with their expectations.
    - Non-seniors were more likely than seniors to say their contact with the program had met with their expectations (85 per cent compared to 67 per cent).
    - Mailing list clients were more likely than enquiries clients to say that their contact with the program had met with their expectations (85 per cent compared to 72 per cent).
- ❑ The survey of general public clients asked respondents to rate their level of satisfaction along a number of different dimensions (Exhibit 4.18). Overall, 79 per cent of clients were satisfied with the information and service they received from Health Canada's seniors and aging programs. A minority — seven per cent — were dissatisfied with their contact with the program and nine per cent reported being neither satisfied nor dissatisfied.
    - Mailing list clients and non-seniors tended to be more satisfied with their contact with the program overall (84 per cent were satisfied compared to 72 per cent for enquiries clients).
- ❑ Reasons why clients reported being satisfied with their contact with the program included: Health Canada was very helpful/positive outcome (47 per cent); information or material was very good (22 per cent) and access to information and personnel was quick and easy (11 per cent).
- ❑ General public clients were most often dissatisfied with their contact with the program as a result of receiving the wrong information or not having received the information at all.

EXHIBIT 4.18
Satisfaction

"How would you rate the information and service you received from Health Canada's seniors and aging programs?"



(n=115)

Source: DAS/S Evaluation, Survey of General Public Clients, 1996.

- In terms of the various product and service dimensions tested, the results indicate a very high level of satisfaction with the quality of the products and information received from the program. Over eighty per cent of clients were satisfied with the clarity, relevance and usefulness of the information, publication or advice they received from Health Canada.

- A second tier of items refers to the service received from the program. These items received a somewhat lower satisfaction rating. Between 70 and 77 per cent of general public clients were satisfied with the program's promptness, understanding of their request and ability to deliver on their request. About sixty per cent of clients were satisfied with the willingness of staff to "go the extra mile".

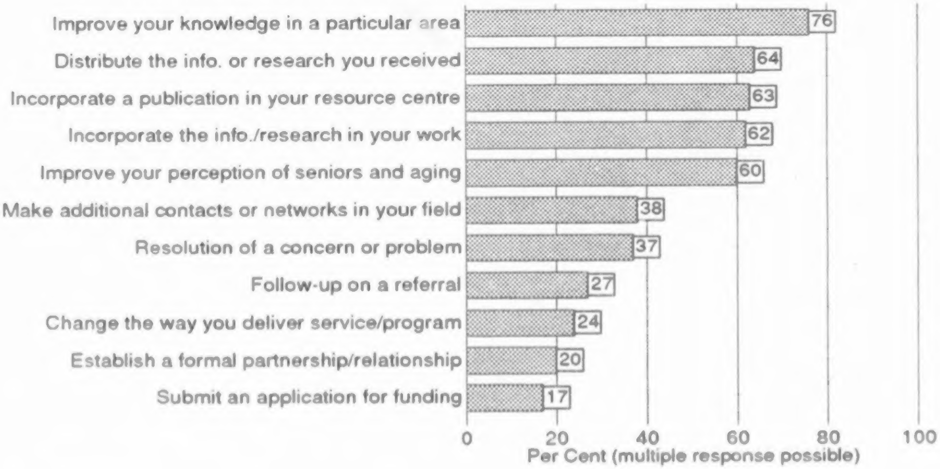
(e) Impacts and Effects

- The impacts and effects of the program for general public clients were examined separately for clients who are seniors and for those are not.

- For non-seniors, the most important impact of the information, advice or referral they received through the program was an improvement in their knowledge in a particular area (Exhibit 4.19). About three-quarters of non-senior general public clients reported this impact.

EXHIBIT 4.19
Program Impacts: Non-Seniors

"What was the impact of the information, advice or referral you received through the aging and seniors programs at Health Canada?"



(n=210)

Source: DAS/S Evaluation, Survey of General Public Clients, 1996.

- A second impact involves the distribution or incorporation of the research or publication received from the program. Between 62 and 64 per cent of respondents made use of the research or publications they received by distributing the information to others or incorporating the information in their work/resource centre.

- Sixty per cent of respondents reported that their contact with the program had improved their perception of seniors and aging.

- Less frequently mentioned impacts involved establishing contacts or partnerships, resolution of a concern, follow-up on a referral, change in the way a service or program is delivered and submitting an application for funding.

- For general public clients who are seniors, impacts and effects focused on health, well-being and independence. Forty-five per cent of clients stated that the information, advice or referral they received helped to maintain or improve their health, well-being and independence. Fifty-five per cent said there were no impacts on their health, well-being or independence. Of those who said the information, advice or referral they received had had an impact, these impacts were mostly in terms of raising awareness (e.g., about nutrition or physical exercise); providing them with the ability to disseminate accurate information to others; and reducing anxiety by offering information and resolving current or future problems.

    - Mailing list clients were more likely to state that their contact had this impact than enquiries clients (59 per cent compared to 33 per cent).

(f) Seniors and Aging Issues and Future Priorities

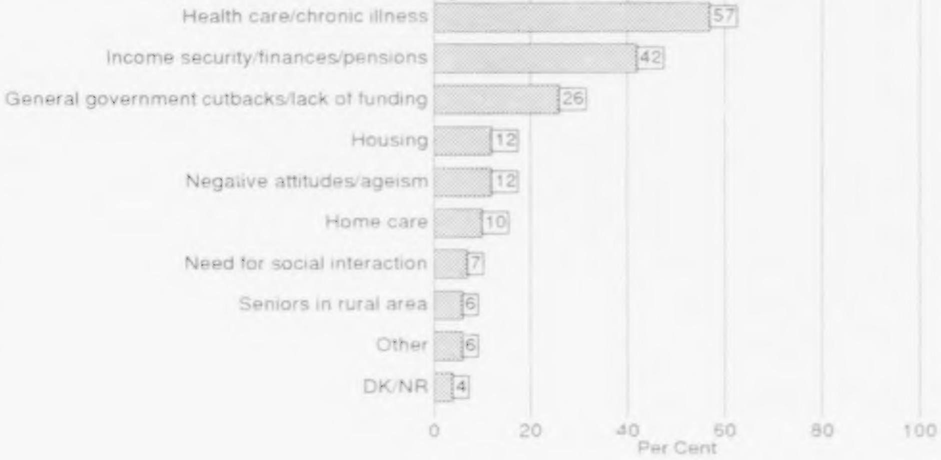
i. Threats to Seniors

- According to general public clients, the biggest threats to seniors' health, well-being and independence involve health and financial security concerns (Exhibit 4.20). Fifty-seven per cent of general public clients mentioned health care or chronic illness as one of the biggest threats to Canadian seniors. Income security was mentioned by 42 per cent of respondents. (There were no significant differences by age (i.e., seniors vs. non-seniors) or other subgroup breakdowns.)

- One in four respondents expressed a more general concern about government cutbacks and lack of funding for various areas. Other threats which were

EXHIBIT 4.20
Threats to Seniors

"What do you think are the two biggest issues threatening the health, well-being and independence of Canadian seniors today and in the near future?"



(n=298)

Source: DAS/S Evaluation, Survey of General Public Clients, 1996.

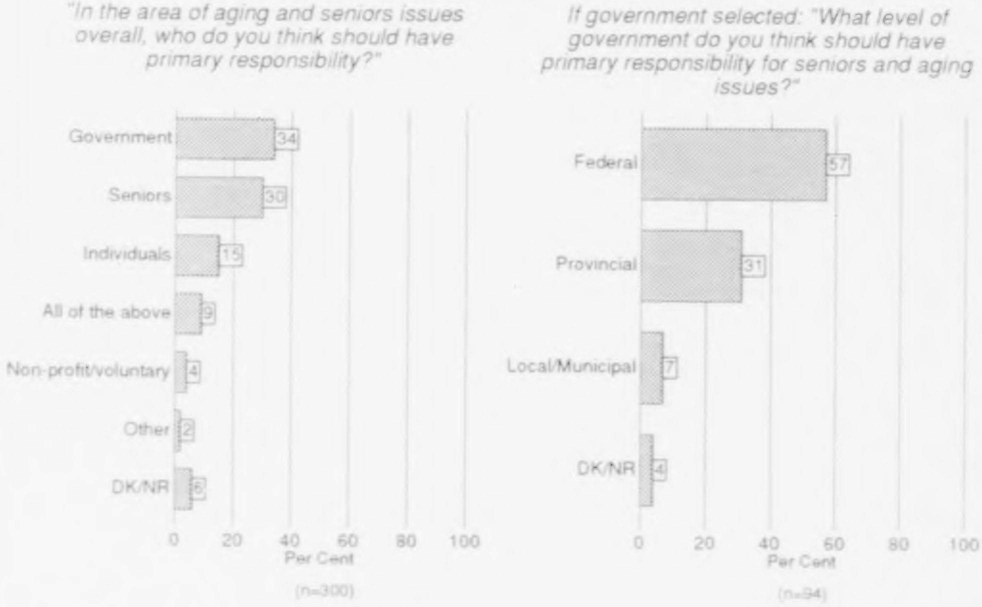
mentioned with less frequency were: housing, ageism, home care, isolation and the special needs of seniors in rural areas.

- This issue of ageism or negative public attitudes toward aging and seniors was covered in another question asking respondents how non-seniors perceive seniors and aging in Canada today. The majority — 60 per cent — believe non-seniors have mixed views of aging and seniors. One in five believe these perceptions are positive, and about the same proportion believe views are negative.

ii. Government Responsibility

- General public clients were asked who should have primary responsibility in the area of aging and seniors issues overall (Exhibit 4.21). Government was chosen most frequently by respondents (34 per cent). However, seniors themselves were a close second (30 per cent believe seniors should have primary responsibility for aging and seniors issues). Individuals and non-profit/voluntary organizations were chosen by 15 and four per cent of respondents respectively.

EXHIBIT 4.21
Responsibility for Aging and Seniors Issues


"In the area of aging and seniors issues overall, who do you think should have primary responsibility?"

If government selected: "What level of government do you think should have primary responsibility for seniors and aging issues?"

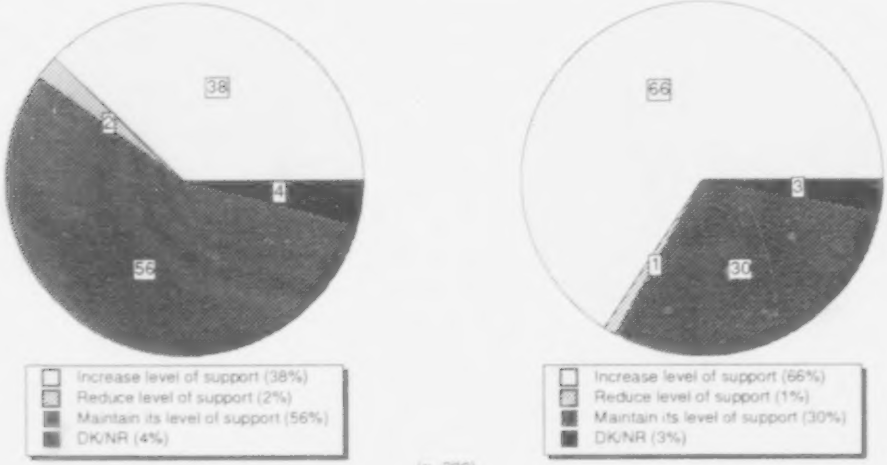
Source: DAS/S Evaluation, Survey of General Public Clients, 1996

- ❑ Of those who selected government as having the primary responsibility for aging and seniors issues, over half (57 per cent) selected the federal government as the level of government which should have primary responsibility. Just under one-third selected the provincial government and a minority — seven per cent — chose local or municipal government.

- ❑ The majority of general public clients (56 per cent) believe that in the area of aging and seniors issues, the federal government should maintain its current level of support (Exhibit 4.22). Thirty-eight per cent of respondents prefer that the federal government increase its level of support for seniors issues. A small minority — two per cent — believe the federal government should reduce its support.

- ❑ Respondents showed a clear concern about current supports available to low income seniors. Two-thirds of respondents believe the federal government

EXHIBIT 4.22
Government Support for Aging and Seniors Issues



"Overall, in the area of aging and seniors issues, what would you like to see the federal government do in the future for ***all Canadian seniors****?"*

"Overall, in the area of aging and seniors issues, what would you like to see the federal government do in the future for ***low income Canadian seniors****?"*

(n=290)

Source: DAS/S Evaluation, Survey of General Public Clients, 1996.

should increase its level of support for low income seniors.

- Respondents under 65 years of age were more likely to favour government increasing its support and to low income seniors compared to those 65 years and over (71 per cent compared to 53 per cent).

❑ When asked to agree or disagree with the statement: "those who can pay, should and only low income seniors should receive government-support services", respondents were somewhat split. Just over half (52 per cent) agreed with this statement. One in three respondents disagreed with this statement and 17 per cent were neutral.

- Those with lower levels of income were more likely to agree with this statement (63 per cent).

(g) Future Priorities

- ❑ Respondents were asked to rate whether the government should increase, maintain or reduce its level of support for a variety of different programs and services affecting seniors. Exhibits 4.23 and 4.24 present these findings. Overall, there are few areas where respondents believed the government should reduce its support. The exception is health care benefits for out-of-country care where just under one-third of respondents felt the government could reduce its level of support. For the remaining issues, respondents generally believed the government should at least maintain its support and in nine of the sixteen services tested, the majority of respondents believed the government should increase its support.

- ❑ Health issues are clearly an important priority for respondents. However, only selected topics under this broad area merit increased support. For example, the majority of general public clients believe the government should maintain, not increase, its level of support for basic health care coverage and extended benefits for prescription drugs or out-of-country care. These issues were at the bottom of the list. On the other hand, issues around care of seniors in the home are of prime importance. Caregiver support and home care/home support services are two areas where general public clients believe the government should increase its support. Research funding on seniors' health concerns was another health issue which respondents believed the federal government should increase its support.

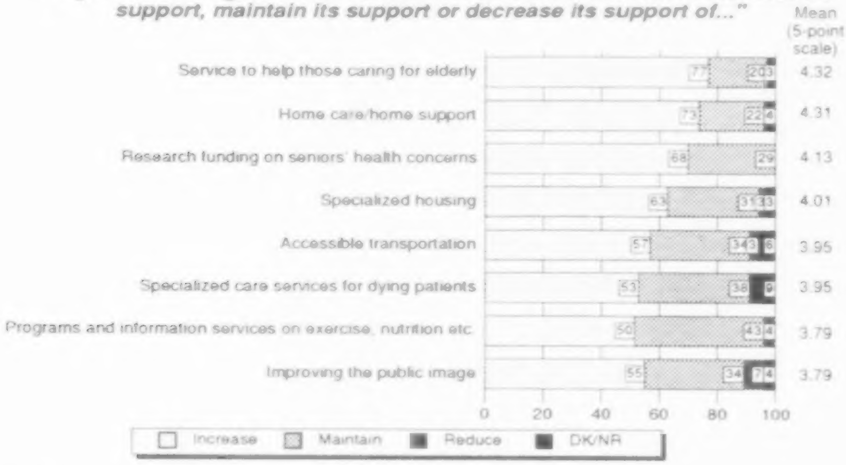
- ❑ Moving down the priority list are specialized housing for seniors, accessible transportation and palliative care services. Between 53 and 63 per cent of respondents believed the government should increase its level of support in these areas.

- ❑ Information and communications received a relatively high priority. Just over half of respondents believed the government should increase its support for wellness programs and information, improving the public image of seniors and providing information to seniors about health, well-being and independence.

  - In general the preferred level of support for the various issues covered in the survey was similar across the different sub-groups. Those under 65 and clients who had contacted the program on behalf of their organization were somewhat more likely to favour increasing government support compared to seniors themselves for selected issues (e.g., accessible transportation, home care or home support services, caregiver services).

EXHIBIT 4.23
Priorities for Government

"Do you think the government should for all Canadian seniors increase its support, maintain its support or decrease its support of..."



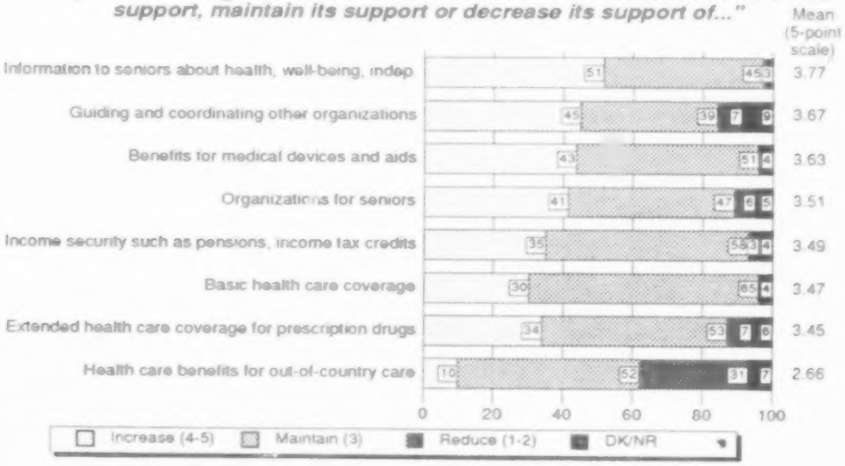
(n=291)

Note: Numbers under 2 are not displayed in the graphic.

Source: DAS/S Evaluation, Survey of General Public Clients, 1996.

EXHIBIT 4.24
Priorities for Government

"Do you think the government should for all Canadian seniors increase its support, maintain its support or decrease its support of..."



(n=291)

Note: Numbers under 2 are not displayed in the graphic.

Source: DAS/S Evaluation, Survey of General Public Clients, 1996.

4.4 Comparisons Between Intended Beneficiaries and Senior General Public Clients

Several items on the questionnaire used for intended beneficiaries also appeared on the survey of general public clients. This section presents the findings from comparisons between the intended beneficiaries and general public clients who were seniors. Only significant differences between intended beneficiaries and these general public clients are presented here[24]. If an item is not discussed, it can be assumed that the difference was not significant.

(a) Profile of Participants

- ☐ The respondents from the intended beneficiaries group are slightly older (mean age=73) than those from the general public clients group (mean age=72).
- ☐ In general, the respondents from the general public clients have a higher level of education that the intended beneficiaries.
- ☐ Intended beneficiaries were more likely than general public clients to have English as their first language (62 per cent versus 48 per cent), whereas general public clients were more likely than intended beneficiaries to have French as their first language (35 per cent versus 23 per cent). The proportion of seniors who have another language as a first language is about the same in both groups (15 per cent and 17 per cent).
- ☐ A greater proportion of general public clients than intended beneficiaries spend a lot of time helping out family, friends or neighbours.

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[24] Statistically significant at a probability level of 0.05 or less.

(b) Priorities for Government

- A greater proportion of general public clients than intended beneficiaries feel that government should increase its support for specialized housing (e.g., retirement building with on-site support, adapted housing for seniors).
- A greater proportion of general public clients than intended beneficiaries also feel that government should increase its support for accessible transportation.

(c) Image of Seniors

- Regarding the image of seniors, a greater proportion of intended beneficiaries than general public clients feel that Canadian non-seniors have a positive view of seniors and aging.

APPENDIX A
ABBREVIATIONS

ABBREVIATIONS

CATI	Computer Assisted Telephone Interviewer
CIS	Contribution Information System
CARNET	Canadian Research Network
CASPAC	Canadian Seniors Packaging Advisory Council
DAS	Division of Aging and Seniors
DAS/S	Division of Aging and Seniors/Seniors Strategy
HPPBRO	Health Promotion and Programs Branch Regional Offices
IDCSI	Interdepartmental Committee on Seniors' Issues
MRC	Medical Research Council
NACA	National Advisory Council on Aging
NGO	Non-governmental Organization
NH	New Horizons Program
NH:PA	New Horizons: Partners in Aging Program
NHRDP	National Health Research and Development Program
NSERC	National Science and Engineering Research Council

PCB	Policy and Consulation Branch
SIP	Seniors Independence Program
SIRP	Seniors Independence Research Program
SITS	Seniors Inquiry Tracking System

APPENDIX B
INTERVIEW GUIDES

INTERVIEW GUIDE

Health Canada Personnel

Ekos Research Associates Inc. has been commissioned by Health Canada to conduct an evaluation of the success and continued relevance of the Division of Aging and Seniors/Seniors Strategy (DAS/S) as well as to identify possible alternatives to the strategy[1]. The Division of Aging and Seniors/Seniors Strategy is comprised of four program elements: 1) Seniors Community Programs Funding (i.e., New Horizons: Partners in Aging, and the former Seniors Independence Program, Ventures in Independence and New Horizons programs); 2) Seniors Independence Research Program; 3) Policy Coordination and Support to the Minister; and 4) National Advisory Council on Aging (NACA). Former and present Health Canada organizational units covered by the strategy include: the Seniors Secretariat; NACA Secretariat; Seniors Community Programs; Aging-Related Diseases Division; Health Policy; the National Health Research and Development Program (Seniors Independence Research Program component); Seniors Directorate; and Regional Offices.

The purpose of this interview is to obtain views on the impacts and overall relevance of the Division of Aging and Seniors/Seniors Strategy. The respondent should feel free to tell the interviewer if he/she does not feel confident enough to answer specific questions.

I. Program Relevance

1. In your opinion, what are the most important needs of today's seniors? On what do you base your opinion?

   ☐ Is there a relevant role for the federal government to take in addressing these needs? Is there a role for Health Canada? Please explain.

   ☐ Does the Division of Aging and Seniors/Seniors Strategy have a role to play in addressing these needs? In what way?

2. Is there a continuing role for the Division of Aging and Seniors/Seniors Strategy to play in:

   ☐ improving and preserving the *health and well-being* of Canadian seniors? What should be this role? On what do you base your opinion?

   ☐ improving and preserving the *independence* (living arrangements, transportation, social support networks) of Canadian seniors? What should be this role? On what do you base your opinion?

   ☐ increasing society's *understanding and acceptance of seniors*? What should be this role? On what do you base your opinion?

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[1] Registration Number = HC-002-085-9619

- ☐ *eliminating barriers to the involvement and participation of seniors in society?* What should be this role? On what do you base your opinion?

3. Do the activities under the Division of Aging and Seniors/Seniors Strategy *supplement or complement* the activities of other federal or provincial/territorial departments or NGOs, or do they *overlap*? If they overlap, in what way?

II. Program Accomplishments

4. Has the Division of Aging and Seniors/Seniors Strategy *increased and consolidated knowledge on aging and seniors*? If yes, how? If no, why not?

   - ☐ To what extent is this knowledge being shared with, disseminated to other stakeholders and other federal and provincial/territorial departments? If yes, how? If no, why not?

   - ☐ Have the research and knowledge development activities supported and/or undertaken by the Division of Aging and Seniors/Seniors Strategy met seniors's needs? How?

5. Has the Division of Aging and Seniors/Seniors Strategy provided seniors with the *information they need and the opportunity to make informed choices* on issues that affect their health, well-being and independence? On what do you base your opinion?

6. Have networks between seniors and other sectors of society been developed through the Division of Aging and Seniors/Seniors Strategy? Have networks of researchers been developed? On what do you base your opinion?

7. To what extent has the Division of Aging and Seniors/Seniors Strategy *developed and promoted integrated policies and strategies* that address the needs of seniors for government and non-government organizations? On what do you base your opinion?

   - ☐ What expertise has been provided to deliberations on policy/program development from the Division of Aging and Seniors/Seniors Strategy? Has this been useful? If yes, how? If no, why not?

8. To what extent has the Division of Aging and Seniors/Seniors Strategy *promoted a positive and realistic image of seniors*? On what do you base your opinion?

9. To what extent has the Division of Aging and Seniors/Seniors Strategy *provided the National Advisory Council on Aging with the support it requires to fulfil its mandate*? On what do you base your opinion?

10. To what extent have projects funded by the Division of Aging and Seniors/ Seniors Strategy been innovative?

11. How would you describe the level of coordination for seniors/aging issues within Health Canada and with other federal departments? Is the coordination as effective as it should be?

12. Have partnerships been developed as a result of Health Canada's activities in the Division of Aging and Seniors/Seniors Strategy?

    ☐ Partnershps between Health Canada and other levels of government? The private sector? Non-government organizations?

    ☐ Have partnerships been developed among these groups?

13. To what extent have changes to the Division of Aging and Seniors/Seniors Strategy (e.g., changes in resources, programs, organizational structure) influenced program delivery or the achievement of its objectives? Please specify which changes/factors have had an influence and how.

14. Are there any *unintended* effects (positive or negative) of the Division of Aging and Seniors/Seniors Strategy? Specify.

15. What are the overall strengths and weaknesses of the Division of Aging and Seniors/Seniors Strategy?

    ☐ Which types of programs/activities have been most beneficial to seniors' health, well-being and independence? Which have been least beneficial?

III. Alternatives

16. Given the involvement of other federal government departments, provincial/ territorial governments and non-government organizations, do you feel Health Canada should continue to maintain all of its activities under the Division of Aging and Seniors/Seniors Strategy?

    ☐ Could the responsibilities for some of these programs and activities be handed over to other federal departments, provincial/territorial governments, local governments or NGOs? Which ones and how?

    ☐ Do you have any ideas for new mechanisms or structures:

    - To meet seniors' needs in general?
    - To improve the health, well-being and independence of seniors?

- ☐ How do the activities/functions of the Division of Aging and Seniors/ Seniors Strategy fit into the Population Health Strategy?

- ☐ Which activities and expertise in seniors/aging issues currently supported by the Division of Aging and Seniors/Seniors Strategy should Health Canada definitely retain?

  - In what order of priority would you place these activities?

- ☐ Which types of programs/activities currently supported by the Division of Aging and Seniors/Seniors Strategy do you feel have been the most cost-effective? Explain.

- ☐ Which types of programs/activities have been less cost-effective? Explain.

IV. Further Questions (Only if Time Allows)

17. In your opinion, what groups can be considered as "at-risk" seniors? On what do you base your opinion?

    - ☐ Does the Division of Aging and Seniors/Seniors Strategy have a role to play in addressing their needs? In what way?

18. Do you feel the Division of Aging and Seniors/Seniors Strategy reaches all major segments/types of seniors "at risk"? If yes, how? If no, why not? Which types of "at risk" seniors are not being reached?

19. To what extent is the Division of Aging and Seniors/Seniors Strategy meeting the most important needs of seniors, including seniors "at risk"? On what do you base your opinion?

20. Would the health, well-being and independence of Canada's seniors have been affected if there had been no Division of Aging and Seniors/Seniors Strategy? If yes, how? If no, why not?

    - ☐ Thinking of the future, would the health, well-being and independence of Canada's seniors be affected if there were no Division of Aging and Seniors/Seniors Strategy and, more generally, no Health Canada programming for seniors? Please explain.

21. Do you have any other comments?

THANK YOU FOR YOUR PARTICIPATION

INTERVIEW GUIDE

Funding Recipients

Ekos Research Associates Inc. has been commissioned by Health Canada to conduct an evaluation of the success and continued relevance of the Department's programs for seniors as well as to identify possible alternative approaches[1]. The programs for seniors include: 1) Seniors Community Programs Funding (i.e., New Horizons: Partners in Aging, and the former Seniors Independence Program, Ventures in Independence and New Horizons programs); 2) Seniors Independence Research Program; 3) Policy Coordination and Support to the Minister; and 4) National Advisory Council on Aging (NACA). Collectively, these programs are formally called the Division of Aging and Seniors/Seniors Strategy. Former and present Health Canada organizational units involved in these programs include: the Seniors Secretariat; NACA Secretariat; Seniors Community Programs; Aging-Related Diseases Division; Health Policy; the National Health Research and Development Program (Seniors Independence Research Program component); Seniors Directorate; and Regional Offices.

The purpose of this interview is to obtain views on the impacts and overall relevance of Health Canada's programs for seniors. The respondent should feel free to tell the interviewer if he/she does not feel confident enough to answer specific questions. Answers to the interview questions will not influence in any way current or future funding from Health Canada.

I. Background Information

1. Our files indicate that you applied to the [PROGRAM NAME] in [YEAR] for funding for [PROJECT NAME]. Is that correct?

   ☐ Did you receive funding from the [PROGRAM NAME]?

   - If no, end interview.

2. What are/were the objectives of your organization/project?

3. How did you become involved with the [PROGRAM NAME]?

   ☐ Have you received any other funding from Health Canada with respect to seniors/aging projects? Specify.

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[1] Registration Number = HC-002-085-9619

II. Program Relevance

4. Are you familiar with the objectives of the program that funded your project?

5. How satisfied are/were you with the administrative processes and delivery of the program that funded your project? (focus attention on processes, delivery and actual level of funding)

   - ☐ level and type of funding
   - ☐ administrative requirements
   - ☐ technical support

6. Has the project in which you are/were involved:

   - ☐ contributed to developing innovative approaches which have been replicated elsewhere to improve social and/or health services?
   - ☐ addressed new issues?
   - ☐ developed and disseminated knowledge?
   - ☐ targeted different groups of seniors?
   - ☐ taken place in different milieus (e.g., rural/urban)?

7. Will the activities of your project continue after the Health Canada funding ends?

   - ☐ Was this the intention for your project?

   - ☐ Has the project been (or will it be) able to obtain funding from other sources after the federal funding ceased? From what source?

   - ☐ Were there any spin-off projects intended? Did any spin-offs result?

8. Does your project *supplement or complement* the activities of other federal or provincial/territorial departments or non-government organizations, or do they *overlap*? If they overlap, in what way?

III. Program Accomplishments

9. Has your project met its objectives? On what do you base your opinion?

10. What are/have been the impacts and effects of your project on:

    - ☐ Individual Canadian seniors?
    - ☐ Health and other professionals working with seniors?
    - ☐ Government policies and programs?
    - ☐ The work of other organizations?

☐ At the national, provincial and/or local level?

11. To what extent is your project cost-effective?

12. Have partnerships been developed as a result of Health Canada's program funding?

    ☐ Partnerships between Health Canada and other levels of government? The private sector? Non-government organizations?

    ☐ Have partnerships been developed among these groups?

    ☐ What types of partnerships:

    - financial partnerships?
    - ongoing working relationships?
    - shared policy reviews?
    - other?

13. Would your activities have taken place without the funding from the Health Canada [PROGRAM NAME]?

14. Are there any *unintended* effects (positive or negative) of your project? Specify.

15. In your opinion, what are the overall strengths and weaknesses of:

    ☐ Your project?
    ☐ The program that funded your project?

IV. Alternatives

16. Given the involvement of other federal government departments, provincial/territorial governments and non-government organizations, do you feel Health Canada should continue to maintain all of the activities/programs funded under its programs for seniors?

    ☐ Could the responsibilities for some of these programs and activities be handed over to other federal departments, provincial/territorial governments, local governments or NGOs? Which ones and how?

    ☐ Could some activities/programs be eliminated entirely? Which ones?

    ☐ Do you have any ideas for new mechanisms or structures:

    - To meet seniors' needs in general?
    - To improve the health, well-being and independence of seniors?

☐ Which activities and expertise in seniors/aging issues should the federal government definitely retain?

- Is Health Canada the most appropriate department to deliver these programs/activities?
- Which activities should Health Canada definitely retain?
- In what order of priority would you place these activities?

☐ Which types of programs/activities currently supported by Health Canada do you feel have been the most cost-effective? Explain.

☐ Which types of programs/activities have been less cost-effective? Explain.

IV. Further Questions (Only if Time Allows)

17. In your opinion, what groups can be considered as "at-risk" seniors? On what do you base your opinion?

    ☐ What are their most important needs?

    ☐ Does your project have a role to play in addressing their needs? In what way?

18. Do you feel your project reaches some major segments/types of seniors "at risk"? If yes, how? If no, why not?

19. To what extent is your project meeting some of the important needs of seniors, including seniors "at risk"? On what do you base your opinion?

20. Do you have any other comments?

THANK YOU FOR YOUR PARTICIPATION

INTERVIEW GUIDE

Central Agencies

Ekos Research Associates Inc. has been commissioned by Health Canada to conduct an evaluation of the success and continued relevance of the Division of Aging and Seniors/Seniors Strategy (DAS/S) as well as to identify possible alternatives to the strategy[1]. The Division of Aging and Seniors/Seniors Strategy is comprised of four program elements: 1) Seniors Community Programs Funding (i.e., New Horizons: Partners in Aging, and the former Seniors Independence Program, Ventures in Independence and New Horizons programs); 2) Seniors Independence Research Program; 3) Policy Coordination and Support to the Minister; and 4) National Advisory Council on Aging (NACA). Former and present Health Canada organizational units covered by the strategy include: the Seniors Secretariat; NACA Secretariat; Seniors Community Programs; Aging-Related Diseases Division; Health Policy; the National Health Research and Development Program (Seniors Independence Research Program component); Seniors Directorate; and Regional Offices.

The purpose of this interview is to obtain views on the impacts and overall relevance of the Division of Aging and Seniors/Seniors Strategy. The respondent should feel free to tell the interviewer if he/she does not feel confident enough to answer specific questions.

I. Program Relevance

1. How important do you feel it is for the federal government to be involved in trying to:

   ☐ improve and preserve the health, well-being and independence of Canadian seniors;

   ☐ increase society's understanding and acceptance of seniors; and

   ☐ eliminate barriers to the involvement and participation of seniors in society.

2. Is there a continuing role for Health Canada in any of these activities? What should its priorities be?

3. Are there other areas concerning seniors and/or the aging population in which Health Canada should be more involved (priority needs, special groups)?

4. Do you feel that Health Canada's role of coordinating the Division of Aging and Seniors/Seniors Strategy and administering the majority of its programs is a good/appropriate role for it to be playing?

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[1] Registration Number = HC-002-085-9619

- ☐ How well do you feel it has carried out this role — at the interdepartmental level and within Health Canada?
- ☐ Is the role of the Division of Aging and Seniors/Seniors Strategy as the coordinating/focal point for seniors/aging issues within the federal government appropriate?

II. Program Accomplishments

5. To what extent do you feel the Division of Aging and Seniors/Seniors Strategy is meeting its objectives:

   - ☐ to increase and consolidate knowledge on aging and seniors issues and to share this knowledge with other federal government departments, the provinces and stakeholders?
   - ☐ to guide the development of programs, policies and strategies that are innovative, effective and address the needs of seniors and an aging society?
     - To what extent has the Division of Aging and Seniors/Seniors Strategy influenced the policies and programs of other federal departments, other levels of government and non-government organizations?
   - ☐ to promote a positive and realistic image of seniors to Canadian society through the Division's activities, communications and educational initiatives?
   - ☐ to provide seniors with the information they need as well as the opportunity to make informed choices on issues that affect their health, well-being and independence?
   - ☐ to provide the National Advisory Council on Aging with the support it requires to fulfil its mandate?

6. What impact do you believe government cuts have had or would have on the capacity of the Division of Aging and Seniors/Seniors Strategy to meet its objectives?

7. What are the strengths and weaknesses of the Division of Aging and Seniors/Seniors Strategy overall?

III. Alternatives

8. Given the involvement of other federal government departments, provincial/territorial governments and non-government organizations, do you feel Health Canada should continue to maintain all of its activities under the Division of Aging and Seniors/Seniors Strategy?

- ☐ Could the responsibilities for some of these programs and activities be handed over to other federal departments, provincial/territorial governments, local governments or NGOs? Which ones and how?
- ☐ Do you have any ideas for new mechanisms or structures:
  - To meet seniors' needs in general?
  - To improve the health, well-being and independence of seniors?
- ☐ How do the activities/functions of the Division of Aging and Seniors/Seniors Strategy fit into the Population Health Strategy?
- ☐ Which activities and expertise in seniors/aging issues currently supported by the Division of Aging and Seniors/Seniors Strategy should Health Canada definitely retain?
  - In what order of priority would you place these activities?
- ☐ Which types of programs/activities currently supported by the Division of Aging and Seniors/Seniors Strategy do you feel have been the most cost-effective? Explain.
- ☐ Which types of programs/activities have been less cost-effective? Explain.

9. Do you have any other comments?

THANK YOU FOR YOUR PARTICIPATION

INTERVIEW GUIDE

Provincial/Territorial Government Officials and IDCSI

Ekos Research Associates Inc. has been commissioned by Health Canada to conduct an evaluation of the success and continued relevance of the Division of Aging and Seniors/Seniors Strategy (DAS/S) as well as to identify possible alternatives to the strategy[1]. The Division of Aging and Seniors/Seniors Strategy is comprised of four program elements: 1) Seniors Community Programs Funding (i.e., New Horizons: Partners in Aging, and the former Seniors Independence Program, Ventures in Independence and New Horizons programs); 2) Seniors Independence Research Program; 3) Policy Coordination and Support to the Minister; and 4) National Advisory Council on Aging (NACA). The strategy also supports the Federal/Provincial/Territorial Committee of Officials and Ministers Responsible for Seniors. Former and present Health Canada organizational units covered by the strategy include: the Seniors Secretariat; NACA Secretariat; Seniors Community Programs; Aging-Related Diseases Division; Health Policy; the National Health Research and Development Program (Seniors Independence Research Program component); Seniors Directorate; and Regional Offices.

The purpose of this interview is to obtain views on the impacts and overall relevance of the Division of Aging and Seniors/Seniors Strategy. The respondent should feel free to tell the interviewer if he/she does not feel confident enough to answer specific questions.

I. Program Relevance

1. Are you familiar with the objectives of the Division of Aging and Seniors/Seniors Strategy and its programs?

2. In your opinion, what are the most important needs of today's seniors? On what do you base your opinion?

    ☐ Is there a relevant role for the federal government to take in addressing these needs? Is there a role for Health Canada? Please explain.

    ☐ Does the Division of Aging and Seniors/Seniors Strategy have a role to play in addressing these needs? In what way?

3. Is there a continuing role for the Division of Aging and Seniors/Seniors Strategy to play in:

    ☐ improving and preserving the *health and well-being* of Canadian seniors? What should be this role? On what do you base your opinion?

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[1] Registration Number = HC-002-085-9619

- ☐ improving and preserving the *independence* (living arrangements, transportation, social support networks) of Canadian seniors? What should be this role? On what do you base your opinion?

- ☐ increasing society's *understanding and acceptance of seniors*? What should be this role? On what do you base your opinion?

- ☐ *eliminating barriers to the involvement and participation of seniors in society*? What should be this role? On what do you base your opinion?

4. Is there a coordination role for seniors/aging initiatives within the federal government? If yes, what should be the priority areas for this federal role?

5. Is there a similar initiative aimed at seniors in your department or province/territory? What is its objective and who is involved?

6. Has your approach changed due to Health Canada's activities under the Division of Aging and Seniors/Seniors Strategy? If so, how has your approach changed?

7. Have the activities of other stakeholders (e.g., non-governmental organizations) changed due to Health Canada's activities under the Division of Aging and Seniors/Seniors Strategy?

   - ☐ Have the changes been positive or negative? Examples?

8. Do the activities under the Division of Aging and Seniors/Seniors Strategy *supplement or complement* the activities of other federal or provincial/territorial departments or NGOs, or do they *overlap*? If they overlap, in what way?

II. Program Accomplishments

9. Has the Division of Aging and Seniors/Seniors Strategy *increased and consolidated knowledge on aging and seniors*? If yes, how? If no, why not?

   - ☐ To what extent is this knowledge being shared with, disseminated to other stakeholders and other federal and provincial/territorial departments? If yes, how? If no, why not?

   - ☐ Have the research and knowledge development activities supported and/or undertaken by the Division of Aging and Seniors/Seniors Strategy met seniors's needs? How?

10. Has the Division of Aging and Seniors/Seniors Strategy provided seniors with the *information they need and the opportunity to make informed choices* on issues

that affect their health, well-being and independence? On what do you base your opinion?

11. Have networks between seniors and other sectors of society been developed through the Division of Aging and Seniors/Seniors Strategy? Have networks of researchers been developed? On what do you base your opinion?

12. To what extent has the Division of Aging and Seniors/Seniors Strategy *developed and promoted integrated policies and strategies* that address the needs of seniors for government and non-government organizations? On what do you base your opinion?

    - ☐ What expertise has been provided to deliberations on policy/program development from the Division of Aging and Seniors/Seniors Strategy? Has this been useful? If yes, how? If no, why not?

13. To what extent has the Division of Aging and Seniors/Seniors Strategy *promoted a positive and realistic image of seniors*? On what do you base your opinion?

14. Health Canada has been mandated to act as a coordinator between the federal government and the provinces/territories on seniors/aging issues. Do you feel that the level of coordination is appropriate?

15. Have partnerships been developed as a result of Health Canada's activities in the Division of Aging and Seniors/Seniors Strategy?

    - ☐ Partnerships between Health Canada and other levels of government? The private sector? Non-government organizations?

    - ☐ Have partnerships been developed among these groups?

16. What have been the impacts of federal and provincial/territorial cuts on your programming for seniors?

    - ☐ What do you think will be the impact of the Canadian Health and Social Transfer (CHST) on your programming for seniors?

17. Are there any *unintended* effects (positive or negative) of the Division of Aging and Seniors/Seniors Strategy? Specify.

18. What are the overall strengths and weaknesses of the Division of Aging and Seniors/Seniors Strategy and its programs/activities and staff resources?

    - ☐ Which types of programs/activities have been most beneficial to seniors' health, well-being and independence? Which have been least beneficial?

19. Would the health, well-being and independence of Canada's seniors have been affected if there had been no Division of Aging and Seniors/Seniors Strategy? If yes, how? If no, why not?

   ☐ Would your activities have taken place without the Division of Aging and Seniors/Seniors Strategy?

   ☐ Thinking of the future, would the health, well-being and independence of Canada's seniors be affected if there were no Division of Aging and Seniors/Seniors Strategy and, more generally, no Health Canada programming for seniors? Please explain.

III. Alternatives

20. Given the involvement of other federal government departments, provincial/territorial governments and non-government organizations, do you feel Health Canada should continue to maintain all of its activities under the Division of Aging and Seniors/Seniors Strategy?

   ☐ Could the responsibilities for some of these programs and activities be handed over to other federal departments, provincial/territorial governments, local governments or NGOs? Which ones and how?

   ☐ Do you have any ideas for new mechanisms or structures:

   - To meet seniors' needs in general?
   - To improve the health, well-being and independence of seniors?

   ☐ Which activities and expertise in seniors/aging issues currently supported by the Division of Aging and Seniors/Seniors Strategy should Health Canada definitely retain?

   - In what order of priority would you place these activities?

   ☐ Which types of programs/activities currently supported by the Division of Aging and Seniors/Seniors Strategy do you feel have been the most cost-effective? Explain.

   ☐ Which types of programs/activities have been less cost-effective? Explain.

IV. Further Questions (Only if Time Allows)

21. In your opinion, what groups can be considered as "at-risk" seniors? On what do you base your opinion?

- ☐ Does the Division of Aging and Seniors/Seniors Strategy have a role to play in addressing their needs? In what way?

22. Do you feel the Division of Aging and Seniors/Seniors Strategy reaches all major segments/types of seniors "at risk"? If yes, how? If no, why not? Which types of "at risk" seniors are not being reached?

23. To what extent is the Division of Aging and Seniors/Seniors Strategy meeting the most important needs of seniors, including seniors "at risk"? On what do you base your opinion?

24. Do you have any other comments?

THANK YOU FOR YOUR PARTICIPATION

INTERVIEW GUIDE

Stakeholders

Ekos Research Associates Inc. has been commissioned by Health Canada to conduct an evaluation of the success and continued relevance of the Division of Aging and Seniors/Seniors Strategy (DAS/S) as well as to identify possible alternatives to the strategy[1]. The Division of Aging and Seniors/Seniors Strategy is comprised of four program elements: 1) Seniors Community Programs Funding (i.e., New Horizons: Partners in Aging, and the former Seniors Independence Program, Ventures in Independence and New Horizons programs); 2) Seniors Independence Research Program; 3) Policy Coordination and Support to the Minister; and 4) National Advisory Council on Aging (NACA). Former and present Health Canada organizational units covered by the strategy include: the Seniors Secretariat; NACA Secretariat; Seniors Community Programs; Aging-Related Diseases Division; Health Policy; the National Health Research and Development Program (Seniors Independence Research Program component); Seniors Directorate; and Regional Offices.

The purpose of this interview is to obtain views on the impacts and overall relevance of the Division of Aging and Seniors/Seniors Strategy. The respondent should feel free to tell the interviewer if he/she does not feel confident enough to answer specific questions.

I. Background Information

1. What are the objectives and/or primary focus of your organization?

2. Are you/is your organization working with or receiving funds from programs or activities funded by the Division of Aging and Seniors/Seniors Strategy? Have you ever been involved with DAS/S?

   ☐ With what Division of Aging and Seniors/Seniors Strategy program or activity are you involved? What is the nature of your involvement?

   ☐ Do you/does your organization currently receive funds from the Division of Aging and Seniors/Seniors Strategy?

   - Have you ever received funding? Have you ever applied for funding?

II. Program Relevance

3. In your opinion, what are the most important needs of today's seniors? On what do you base your opinion?

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[1] Registration Number = HC-002-085-9619

- ☐ Is there a relevant role for the federal government to take in addressing these needs? Is there a role for Health Canada? Please explain.
- ☐ Does the Division of Aging and Seniors/Seniors Strategy have a role to play in addressing these needs? In what way?

4. Is there a continuing role for the Division of Aging and Seniors/Seniors Strategy to play in:

- ☐ improving and preserving the *health and well-being* of Canadian seniors? What should be this role? On what do you base your opinion?
- ☐ improving and preserving the *independence* (living arrangements, transportation, social support networks) of Canadian seniors? What should be this role? On what do you base your opinion?
- ☐ increasing society's *understanding and acceptance of seniors*? What should be this role? On what do you base your opinion?
- ☐ *eliminating barriers to the involvement and participation of seniors in society*? What should be this role? On what do you base your opinion?

5. Do the activities under the Division of Aging and Seniors/Seniors Strategy *supplement or complement* the activities of other federal or provincial/territorial departments or NGOs, or do they *overlap*? If they overlap, in what way?

III. Program Accomplishments

6. Has the Division of Aging and Seniors/Seniors Strategy *increased and consolidated knowledge on aging and seniors*? If yes, how? If no, why not?

- ☐ To what extent is this knowledge being shared with, disseminated to you/your organization, other stakeholders and other federal and provincial/territorial departments? If yes, how? If no, why not?
- ☐ Have the research and knowledge development activities supported and/or undertaken by the Division of Aging and Seniors/Seniors Strategy met seniors's needs? How?

7. Has the Division of Aging and Seniors/Seniors Strategy provided seniors with the *information they need and the opportunity to make informed choices* on issues that affect their health, well-being and independence? On what do you base your opinion?

8. To what extent has the Division of Aging and Seniors/Seniors Strategy *developed and promoted integrated policies and strategies* that address the needs of

seniors for government and non-government organizations? On what do you base your opinion?

9. To what extent has the Division of Aging and Seniors/Seniors Strategy *promoted a positive and realistic image of seniors*? On what do you base your opinion?

10. To what extent is the Division of Aging and Seniors/Seniors Strategy supporting innovative projects? In what way?

    - ☐ In what way have you/has your organization changed what you do as a result of the Division of Aging and Seniors/Seniors Strategy?

11. Have partnerships been developed as a result of Health Canada's activities in the Division of Aging and Seniors/Seniors Strategy?

    - ☐ Partnershps between Health Canada and other levels of government? The private sector? Non-government organizations?
    - ☐ Have partnerships been developed among these groups?

12. Are there any *unintended* effects (positive or negative) of the Division of Aging and Seniors/Seniors Strategy? Specify.

13. What are the overall strengths and weaknesses of the Division of Aging and Seniors/Seniors Strategy?

    - ☐ Which types of programs/activities have been most beneficial to seniors' health, well-being and independence? Which have been least beneficial?

IV. Alternatives

14. Given the involvement of other federal government departments, provincial/territorial governments and non-government organizations, do you feel Health Canada should continue to maintain all of its activities under the Division of Aging and Seniors/Seniors Strategy?

    - ☐ Could the responsibilities for some of these programs and activities be handed over to other federal departments, provincial/territorial governments, local governments or NGOs? Which ones and how?
    - ☐ Do you have any ideas for new mechanisms or structures:
        - To meet seniors' needs in general?
        - To improve the health, well-being and independence of seniors?

- ☐ Which activities and expertise in seniors/aging issues currently supported by the Division of Aging and Seniors/Seniors Strategy should Health Canada definitely retain?
    - In what order of priority would you place these activities?
- ☐ Which types of programs/activities currently supported by the Division of Aging and Seniors/Seniors Strategy do you feel have been the most cost-effective? Explain.
- ☐ Which types of programs/activities have been less cost-effective? Explain.

V. Further Questions (Only if Time Allows)

15. In your opinion, what groups can be considered as "at-risk" seniors? On what do you base your opinion?

    - ☐ Does the Division of Aging and Seniors/Seniors Strategy have a role to play in addressing their needs? In what way?

16. Do you feel the Division of Aging and Seniors/Seniors Strategy reaches all major segments/types of seniors "at risk"? If yes, how? If no, why not? Which types of "at risk" seniors are not being reached?

17. To what extent is the Division of Aging and Seniors/Seniors Strategy meeting the most important needs of seniors, including seniors "at risk"? On what do you base your opinion?

18. Have networks between seniors and other sectors of society been developed through the Division of Aging and Seniors/Seniors Strategy? Have networks of researchers been developed? On what do you base your opinion?

19. Would the health, well-being and independence of Canada's seniors have been affected if there had been no Division of Aging and Seniors/Seniors Strategy? If yes, how? If no, why not?

    - ☐ Thinking of the future, would the health, well-being and independence of Canada's seniors be affected if there were no Division of Aging and Seniors/Seniors Strategy and, more generally, no Health Canada programming for seniors? Please explain.

20. Do you have any other comments?

THANK YOU FOR YOUR PARTICIPATION

INTERVIEW GUIDE

NACA Members

Ekos Research Associates Inc. has been commissioned by Health Canada to conduct an evaluation of the success and continued relevance of the Division of Aging and Seniors/Seniors Strategy (DAS/S) as well as to identify possible alternatives to the strategy[1]. The Division of Aging and Seniors/Seniors Strategy is comprised of four program elements: 1) Seniors Community Programs Funding (i.e., New Horizons: Partners in Aging, and the former Seniors Independence Program, Ventures in Independence and New Horizons programs); 2) Seniors Independence Research Program; 3) Policy Coordination and Support to the Minister; and 4) National Advisory Council on Aging (NACA). Former and present Health Canada organizational units covered by the strategy include: the Seniors Secretariat; NACA Secretariat; Seniors Community Programs; Aging-Related Diseases Division; Health Policy; the National Health Research and Development Program (Seniors Independence Research Program component); Seniors Directorate; and Regional Offices.

The purpose of this interview is to obtain views on the impacts and overall relevance of the Division of Aging and Seniors/Seniors Strategy. The respondent should feel free to tell the interviewer if he/she does not feel confident enough to answer specific questions.

I. Program Relevance

1. In your opinion, what are the most important needs of today's seniors? On what do you base your opinion?

   ☐ Is there a relevant role for the federal government to take in addressing these needs? Is there a role for Health Canada? Please explain.

   ☐ Does the Division of Aging and Seniors/Seniors Strategy have a role to play in addressing these needs? In what way?

2. Is there a continuing role for the Division of Aging and Seniors/Seniors Strategy to play in:

   ☐ improving and preserving the *health and well-being* of Canadian seniors? What should be this role? On what do you base your opinion?

   ☐ improving and preserving the *independence* (living arrangements, transportation, social support networks) of Canadian seniors? What should be this role? On what do you base your opinion?

   ☐ increasing society's *understanding and acceptance of seniors*? What should be this role? On what do you base your opinion?

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[1] Registration Number = HC-002-085-9619

☐ *eliminating barriers to the involvement and participation of seniors in society?* What should be this role? On what do you base your opinion?

3. Do the activities under the Division of Aging and Seniors/Seniors Strategy *supplement or complement* the activities of other federal or provincial/territorial departments or NGOs, or do they *overlap*? If they overlap, in what way?

II. Program Accomplishments

4. Has the Division of Aging and Seniors/Seniors Strategy *increased and consolidated knowledge on aging and seniors*? If yes, how? If no, why not?

   ☐ To what extent is this knowledge being shared with, disseminated to other stakeholders and other federal and provincial/territorial departments? If yes, how? If no, why not?

   ☐ Have the research and knowledge development activities supported and/or undertaken by the Division of Aging and Seniors/Seniors Strategy met seniors's needs? How?

5. Has the Division of Aging and Seniors/Seniors Strategy provided seniors with the *information they need and the opportunity to make informed choices* on issues that affect their health, well-being and independence? On what do you base your opinion?

6. To what extent has the Division of Aging and Seniors/Seniors Strategy *developed and promoted integrated policies and strategies* that address the needs of seniors for government and non-government organizations? On what do you base your opinion?

   ☐ What expertise has been provided to deliberations on policy/program development from the Division of Aging and Seniors/Seniors Strategy? Has this been useful? If yes, how? If no, why not?

7. To what extent has the Division of Aging and Seniors/Seniors Strategy *promoted a positive and realistic image of seniors*? On what do you base your opinion?

8. To what extent has the Division of Aging and Seniors/Seniors Strategy provided the National Advisory Council on Aging with:

   ☐ Research support
   ☐ Policy support
   ☐ Communications support
   ☐ Administrative support

9. Do you feel NACA has contributed to achieving Strategy objectives? Examples?

10. What would have happened to NACA without the Division of Aging and Seniors/Seniors Strategy?

11. Are there any *unintended* effects (positive or negative) of the Division of Aging and Seniors/Seniors Strategy? Specify.

12. What are the overall strengths and weaknesses of the Division of Aging and Seniors/Seniors Strategy?

    ☐ Which types of programs/activities have been most beneficial to seniors' health, well-being and independence? Which have been least beneficial?

III. Alternatives

13. Given the involvement of other federal government departments, provincial/ territorial governments and non-government organizations, do you feel Health Canada should continue to maintain all of its activities under the Division of Aging and Seniors/Seniors Strategy?

    ☐ Could the responsibilities for some of these programs and activities be handed over to other federal departments, provincial/territorial governments, local governments or NGOs? Which ones and how?

    ☐ Do you have any ideas for new mechanisms or structures:

    - To meet seniors' needs in general?
    - To improve the health, well-being and independence of seniors?

    ☐ Which activities and expertise in seniors/aging issues currently supported by the Division of Aging and Seniors/Seniors Strategy should Health Canada definitely retain?

    - In what order of priority would you place these activities?

    ☐ Which types of programs/activities currently supported by the Division of Aging and Seniors/Seniors Strategy do you feel have been the most cost-effective? Explain.

    ☐ Which types of programs/activities have been less cost-effective? Explain.

IV. Further Questions (Only if Time Allows)

14. In your opinion, what groups can be considered as "at-risk" seniors? On what do you base your opinion?

    ☐ Does the Division of Aging and Seniors/Seniors Strategy have a role to play in addressing their needs? In what way?

15. Do you feel the Division of Aging and Seniors/Seniors Strategy reaches all major segments/types of seniors "at risk"? If yes, how? If no, why not? Which types of "at risk" seniors are not being reached?

16. To what extent is the Division of Aging and Seniors/Seniors Strategy meeting the most important needs of seniors, including seniors "at risk"? On what do you base your opinion?

17. Have networks between seniors and other sectors of society been developed through the Division of Aging and Seniors/Seniors Strategy? Have networks of researchers been developed? On what do you base your opinion?

18. Do you have any other comments?

THANK YOU FOR YOUR PARTICIPATION

INTERVIEW GUIDE

Groups/Organizations Turned Down for Funding

Ekos Research Associates Inc. has been commissioned by Health Canada to conduct an evaluation of the success and continued relevance of the Department's programs for seniors as well as to identify possible alternative approaches[1]. The programs for seniors include: 1) Seniors Community Programs Funding (i.e., New Horizons: Partners in Aging, and the former Seniors Independence Program, Ventures in Independence and New Horizons programs); 2) Seniors Independence Research Program; 3) Policy Coordination and Support to the Minister; and 4) National Advisory Council on Aging (NACA). Collectively, these programs are formally called the Division of Aging and Seniors/Seniors Strategy. Former and present Health Canada organizational units involved in these programs include: the Seniors Secretariat; NACA Secretariat; Seniors Community Programs; Aging-Related Diseases Division; Health Policy; the National Health Research and Development Program (Seniors Independence Research Program component); Seniors Directorate; and Regional Offices.

The purpose of this interview is to obtain views on the impacts and overall relevance of Health Canada's programs for seniors. The respondent should feel free to tell the interviewer if he/she does not feel confident enough to answer specific questions. Answers to the interview questions will not influence in any way current or future funding from Health Canada.

I. Background Information

1. Our files indicate that you applied to the [PROGRAM NAME] in [YEAR] for funding for [PROJECT NAME]. Is that correct?

   ☐ What were the objectives of your project?

   ☐ Did you receive funding from the [PROGRAM NAME]?

   - If yes, end interview.
   - If no, have the reasons you were turned down for funding ever been explained to you? If yes, did the explanation make sense to you?

   ☐ Did your project ever take place? If yes, what were your sources of funding?

2. Do you intend to apply for funding to the [PROGRAM NAME] or to other Health Canada programs for seniors in the future?

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[1] Registration Number = HC-002-085-9619

II. Program Relevance

3. Are you familiar with the objectives of Health Canada's programs for seniors?

☐ New Horizons: Partners in Aging
☐ Seniors Independence Program
☐ Ventures in Independence
☐ New Horizons programs
☐ Seniors Independence Research Program

4. Do the Health Canada programs *supplement or complement* the activities of other federal or provincial/territorial departments or non-government organizations, or do they *overlap*? If they overlap, in what way?

III. Program Accomplishments

5. What have been the impacts and effects of Health Canada's programs for seniors on: *(Please respond only if you feel confident enough to answer.)*

☐ Individual Canadian seniors?
☐ Health and other professionals working with seniors?
☐ Government policies and programs?
☐ The work of other organizations?
☐ At the national, provincial and/or local level?

6. Have partnerships been developed as a result of Health Canada's program funding? *(Please respond only if you feel confident enough to answer.)*

☐ Partnerships between Health Canada and other levels of government? The private sector? Non-government organizations?

☐ Have partnerships been developed among these groups?

☐ What types of partnerships:

- financial partnerships?
- ongoing working relationships?
- shared policy reviews?
- other?

7. Are there any *unintended* effects (positive or negative) of Health Canada's programs? Specify.

8. In your opinion, what are the overall strengths and weaknesses of Health Canada's programs for seniors?

IV. Alternatives

9. Given the involvement of other federal government departments, provincial/territorial governments and non-government organizations, do you feel Health Canada should continue to maintain all of the activities/programs funded under its programs for seniors?

☐ Could the responsibilities for some of these programs and activities be handed over to other federal departments, provincial/territorial governments, local governments or NGOs? Which ones and how?

☐ Could some activities/programs be eliminated entirely? Which ones?

☐ Do you have any ideas for new mechanisms or structures:

- To meet seniors' needs in general?
- To improve the health, well-being and independence of seniors?

☐ Which activities and expertise in seniors/aging issues should the federal government definitely retain?

- Is Health Canada the most appropriate department to deliver these programs/activities?
- Which activities should Health Canada definitely retain?
- In what order of priority would you place these activities?

☐ Which types of programs/activities currently supported by Health Canada do you feel have been the most cost-effective? Explain.

☐ Which types of programs/activities have been less cost-effective? Explain.

IV. Further Questions (Only if Time Allows)

10. In your opinion, what groups can be considered as "at-risk" seniors? On what do you base your opinion?

☐ What are their most important needs?

☐ Does Health Canada have a role to play in addressing their needs? In what way?

11. Do you feel the Health Canada programs reach some major segments/types of seniors "at risk"? If yes, how? If no, why not?

12. To what extent are Health Canada's programs meeting some of the important needs of seniors, including seniors "at risk"? On what do you base your opinion?

13. Do you have any other comments?

THANK YOU FOR YOUR PARTICIPATION

APPENDIX C
STAKEHOLDER ORGANIZATIONS INTERVIEWED

STAKEHOLDER ORGANIZATIONS INTERVIEWED

Stakeholder organizations interviewed for the evaluation of the Division of Aging and Seniors/Seniors Strategy:

- SIRP Advisory Committee
- One Voice
- Canadian Pensioners Concerned
- International Federation on Aging
- Canadian Associationof Retired Persons (CARP)
- National Pensioners and Senior Citizens Federation
- Royal Canadian Legion
- Congress of Union Retirees of Canada
- Assemblées des aînées et aînés francophones du Canada
- Federal Superannuates National Association
- Fédération de l'Age d'Or du Québec (FADOQ)
- Association québécoise de défense des droits des retraités-es et préretraités-es (AQDR)
- Alberta Council on Aging
- The Coalition of Quebec Seniors
- Manitoba Society of Seniors
- NB Senior Citizens' Federation
- Nfld. Pensioners and Senior Citizens Federation
- NWT Seniors Society
- PEI Senior Citizens' Federation
- Saskatchewan Seniors Mechanism
- Senior Citizens' Association of BC
- Canadian Association on Gerontology
- Alberta Association on Gerontology
- Association québécoise de gérontologie
- Gerontology Research Centre, Simon Fraser University
- Alzheimer Society of Canada
- Canadian Association for Community Care
- Canadian Seniors Packaging Advisory Council (CASPAC)
- Elderhostel Canada
- Osteoporosis Society of Canada
- Creative Retirement
- Centre for Activity and Aging
- Heart and Stroke Foundation of Canada
- VON Canada

APPENDIX D
LETTER TO PROJECT SPONSORS

ATTACHMENTS

LETTER SENT TO 265 PROJECT SPONSORS

Strategic Planning and Review Directorate
Policy and Consultation Branch
Postal Locator 0907D
Room 772D, Brooke Claxton Bldg.
Ottawa, Ontario
K1A 0K9

(PHONE NUMBER,
incl. area code,
UNDER "OUR REFERENCE")

June 17, 1996
(NAME & ADDRESS)
Dear Mrs........ or Mr..........:

RE: TITLE OF PROJECT: ________________
NUMBER OF PROJECT: ________________
TYPE OF PROGRAM: ________________
PROJECT DURATION: ________________

The Program Evaluation Group of Health Canada is currently conducting a study of the various seniors programs funded by Health Canada over the last five years, including New Horizons, Seniors Independence Program, Ventures in Independence and more recently New Horizons: Partners in Aging. Part of the work will involve looking at the kinds of effects these programs have had on the health, well-being and independence of seniors. Information on seniors' current needs is also of interest for this study. We propose to gather this information through a telephone survey. I am therefore writing to you today to seek your assistance in identifying those seniors (65 years of age or older) from your project to whom we should be speaking. The people we are interested in surveying are those:

- who received a service sponsored by your project (e.g., received meals from a meals-on-wheels service, attended a foot care clinic); or

- who participated in an activity sponsored by your project (e.g., a choir, a social club, a fitness class, training on nutrition and other health issues for themselves).

For the purposes of this study, however, we are **not** interested in surveying non-seniors or seniors who may not be the direct recipients of your project's services or activities (e.g., not those who have helped in the design or delivery of your project, or seniors who received training to provide services to other seniors, or who participated in a conference designed for delivery agents, etc.). In other words, we would like to survey those seniors who were ultimately intended to be affected by your project.

The survey work would be conducted by the consultant firm we have hired for this evaluation, Ekos Research Associates located in Ottawa. Participation of seniors in the survey would be entirely voluntary and this would be explained to them by the consultant. At the same time, the consultant would also explain to them that their responses would be treated in the strictest of confidentiality; only aggregate data would be included in the final report.

In order to conduct this survey, we would need from you a list which would contain the names, phone numbers (and addresses when the phone number is not available) of 20 seniors who meet the definition provided above. We would appreciate it if you could use the attached form when providing us with this information. If your project has more than 20 names of seniors that meet the definition we would ask that you select 20 names by chance using the following procedure (this is very important for the success of this exercise):

- Step 1: Indicate the total number of seniors who meet the definition on the attached form in the appropriate space.

- Step 2: Take this total number of seniors and divide it by 20. The number you get (which we will refer to as "n" in Step 3 below) will give you the skip pattern to use to select the names by chance.

- Step 3: Start at the beginning of your list of names of seniors and select every "n"th name (using the "n" number obtained in Step 2 above).

If you are unable to provide us with names of seniors please check the appropriate box on the attached form.

The survey will start in the first week of July. I would therefore appreciate it if you could provide us with this information no later than June 28, 1996. The return address appears on the attached form. However, should you have access to a fax machine, we would appreciate it if you could use this means of communication as this would ensure that your information reaches us even faster. Our fax number is (613) 952-9660. It also appears on the form.

Your cooperation in this exercise is extremely important to the success of our study. It is only in talking to these seniors whose lives are touched by the funding provided by Health Canada that we will be able to get a true understanding of how our programs are working.

Should you require additional information regarding this survey or the evaluation study itself, please do not hesitate to call me at (613) 957-3897 or Paul Youldon at (613) 957-3894.

Yours truly,

Linda C. Ladouceur
A/Program Evaluation Project Manager
Evaluation Group
Strategic Planning and Evaluation Division

Encl.

Nous avons établi la préférence linguistique pour cet envoi selon l'information contenue dans nos dossiers. Cependant, si une erreur s'est glissée dans notre système et que vous auriez préféré obtenir la ***version française*** *de cette lettre, prière de communiquer avec Linda Ladouceur au (613) 957-3897 ou Paul Youldon au (613) 957-3894.*

LIST OF SENIORS FOR TELEPHONE SURVEY

*** PLEASE PRINT***

Project title (as per information on letter): ____________________

Project number:(as per information on letter):____________________

Name and phone number of person who filled out this form:_______________

If you cannot provide a list, please list reason(s) (Please make sure to return this form to us even if you cannot provide a list.):______________________

____

Total number of seniors on the list you are using for selecting 20 names by chance:____

NAME (in alphabetical order preferably)	TELEPHONE NUMBER (including area code)	ADDRESS (only if phone number missing)
1.		
2.		
3.		
4.		
5.		
6.		

7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Direction de la planification
stratégique et de l'examen
Direction générale des politiques
et de la consultation
Indice de l'adresse 0907D
Pièce 772D, Immeuble Brooke Claxton
Ottawa (Ontario)
K1A 0K9

(NO. DE TÉLÉPHONE,
incl. code régional,
SOUS "NOTRE RÉFÉRENCE")

le 17 juin 1996

(NOM ET ADRESSE)

Chère Mme........ou Cher M...........,

SUJET: TITRE DU PROJET: ____________ NUMÉRO DU PROJET: ____________

TYPE DE PROGRAMME: ____________ DURÉE DU PROJET: ____________

Le Groupe de l'évaluation de Santé Canada est à réaliser une étude des différents programmes pour aîné(e)s qui ont été subventionnés par Santé Canada au cours des cinq dernières années, incluant Nouveaux Horizons, le Programme d'autonomie des aîné(e)s, Alliances pour l'autonomie et plus récemment, Nouveaux Horizons: Partenaires des aînés. Une composante de notre étude se penchera sur les effets de ces programmes sur la santé, le bien-être et l'autonomie des aîné(e)s. Nous désirons également nous renseigner sur les besoins des aîné(e)s. Nous nous proposons de recueillir cette information par l'intermédiaire d'un sondage téléphonique.

Je vous écris donc aujourd'hui dans le but de solliciter votre aide pour identifier les aîné(e)s (de 65 ans ou plus) de votre projet avec lesquel(le)s nous devrions communiquer. Les aîné(e)s que nous désirons interviewer sont ceux et celles qui:

- ont reçu un service parrainé par votre projet (par ex., ont reçu un repas par l'intermédiaire d'un service de popote roulante, ont participé à une clinique pour les soins des pieds); ou
- ont participé dans une activité parrainée par votre projet (par ex., une chorale, un club social, une classe de conditionnement physique, une formation sur la nutrition ou un autre sujet de la santé qui s'adressait à eux-mêmes).

Pour les besoins de cette étude, cependant, nous ne désirons **pas** interviewer des gens qui ne sont pas des aîné(e)s ou qui, bien qu'étant des aîné(e)s, n'ont pas été des récipiendaires directs des services ou activités de votre projet (par ex., des aîné(e)s qui ont aidé à la conception ou l'implantation de votre projet, ou des aîné(e)s qui ont reçu une formation dans le but de fournir des services à d'autres aîné(e)s). Bref, nous désirons interviewer les aîné(e)s que votre projet visait en bout de ligne.

Le sondage sera mené par le cabinet d'experts-conseils choisi pour cette évaluation, soit les Associés de recherche Ekos d'Ottawa. La participation des aîné(e)s au sondage sera entièrement volontaire et ceci leur sera expliqué par l'expert-conseil qui les appellera. À la même occasion, l'expert-conseil leur expliquera que leurs réponses seront traitées en toute confidentialité; seulement des données globales seront incluses dans le rapport final.

- ...2

De façon à pouvoir réaliser ce sondage, nous aurions besoin que vous nous fassiez parvenir une liste contenant le nom et le numéro de téléphone (ou l'adresse si le numéro de téléphone n'est pas disponible) de vingt (20) aîné(e)s qui rencontrent la définition fournie ci-dessus. Nous vous demanderions d'utiliser le formulaire ci-joint pour nous fournir cette information. Si votre projet a moins de 20 aîné(e)s qui rencontrent la définition, nous vous prions d'inclure tous ces noms sur le formulaire. Si votre projet a plus de 20 aîné(e)s qui rencontrent la définition, nous vous demanderions de choisir 20 noms au hasard en utilisant la procédure suivante (ceci est très important pour la réussite de l'exercice):

- Étape 1: Indiquez le nombre total d'aîné(e)s qui rencontrent la définition dans l'espace approprié sur le formulaire ci-joint.

- Étape 2: Prenez ce nombre total d'aîné(e)s et divisez le par 20. Le nombre que vous obtiendrez (que nous désignerons comme "n" à l'étape 3 ci-dessous) vous donnera le patron à suivre pour choisir les noms au hasard.

- Étape 3: En commençant au début de votre liste de noms d'aîné(e)s, choisissez chaque "n"$^{\text{ième}}$ nom (en utilisant le "n" que vous aurez obtenu à l'étape 2 ci-dessus).

S'il vous est impossible de nous soumettre des noms, nous vous prions d'en indiquer les raisons sur le formulaire ci-joint et de nous le retourner.

Le sondage commencera dans la première semaine de juillet. J'apprécierais donc beaucoup si vous pouviez nous faire parvenir l'information demandée au plus tard le 28 juin 1996. L'adresse de retour apparaît sur le formulaire ci-joint. Cependant, si vous avez accès à un télécopieur, il serait grandement apprécié si vous pouviez utiliser ce moyen de communication car cela permettrait à votre information de nous parvenir encore plus rapidement. Notre numéro de télécopieur est le (613) 952-9660. Ce numéro apparaît également sur le formulaire.

Votre coopération pour cet exercice est extrêmement importante pour le succès de cette étude. Ce n'est qu'en parlant aux aîné(e)s dont la vie a été touchée par les subventions de Santé Canada que nous serons en mesure d'obtenir une meilleure compréhension de la façon dont nos programmes fonctionnent.

Je vous remercie pour votre aide dans cette étude. Si vous désirez de plus amples informations au sujet de ce sondage ou de l'étude d'évaluation comme telle, il ne faut pas hésiter à communiquer avec moi au (613) 957-3897 ou avec Paul Youldon au (613) 957-3894.

Veuillez agréer l'expression de mes sentiments les meilleurs.

Linda C. Ladouceur
Gestionnaire intérimaire de projet
d'évaluation de programmes
Groupe de l'évaluation
Division de la planification
stratégique et de l'évaluation

p.j.

We have established the desired language of correspondence for this letter from information we had on our files. However, if you would prefer to receive this letter in ***English****, please contact Linda Ladouceur at (613) 957-3897 or Paul Youldon at (613) 957-3894.*

LISTE DES AÎNÉ(E)S POUR LE SONDAGE TÉLÉPHONIQUE

***** S.V.P. UTILISER CARACTÈRES D'IMPRIMERIE *****

Titre du projet (tel qu'indiqué dans la lettre): ____________________

Numéro du projet (tel qu'indiqué dans la lettre):____________________

Nom et numéro de téléphone de la personne qui a rempli ce formulaire:__________

____

S'il vous est impossible de nous faire parvenir une liste de noms, S.V.P. en indiquer les raisons (S.V.P. nous retourner le formulaire même si vous ne pouvez pas fournir de noms.):

____

____

Nombre total d'aîné(e)s sur la liste dont vous vous servez pour identifier 20 noms:____

NOM **(de préférence en ordre alphabétique)**	**NUMÉRO DE TÉLÉPHONE** **(incluant le code régional)**	**ADRESSE** **(seulement si le numéro de téléphone n'est pas disponible)**
1.		
2.		
3.		
4.		
5.		
6.		

7.		
8.		
9.		
10.		
11.		
12.		
13.		
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15.		
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18.		
19.		
20.		

APPENDIX E
SURVEY INSTRUMENTS

Survey of Intended Beneficiaries

INTRODUCTION, NOTE TO INTERVIEWERS: Address respondent as Mr. or Mrs.

Hello, may name is ___ and I work for Ekos Research Associates. We have been hired by Health Canada to conduct an evaluation of the department's aging and seniors programs. This study will gather opinions about the different programs offered by the government to assist seniors and about the priorities for the federal government in the future. We would like to ask you a few questions about the <proj >.
Your participation in this survey is completely voluntary and refusal to participate will not affect any services which you may receive from the government now or in the future. All the information you provide will be protected under the Privacy Act and you can request the report under the Access to Information Act. You may also decline to answer any questions you do not feel comfortable with. The interview will take about 20 minutes of your time. Is this a convenient time?

@invit (1=yes, 2=no)

1: **INVIT**

Introduction.

01	Yes	1	
02	No	2	=> INT

2: **SENIO**

In what year were you born? IF INDIVIDUAL IS LESS THAN 65 (I.E., BORN AFTER 1931 (E.G., 1932)) THANK AND EXIT INTERVIEW

01	Less than 65	01	=> INT
02	DK/NR	99	

3: **INTR3**

First, I'd like to confirm our information. According to our records, in the past five years, you participated in a federally funded project or received a service called <proj > through the <spon >. Is that correct?

01	Yes	1	=> +2
02	No	2	

4: **OFFER**

Your name was provided to us by <head > from the <spon >. Do you remember participating in this activity or receiving this service?

01	Yes	1	
02	No	2	=> INT
03	DK/NR	9	

5: **DESCP**

What was the main activity or service you received?

01	Physical activity, sport, fitness	01
02	Heath-related services such as foot care	02
03	Social activities	03
04	Meals/meal preparation	04
05	Educational services, information sessions	05
06	Received booklet or publication	06
07	Other	07
08	DK/NR	99

6: **HEATH**

Did the services/activities help you maintain or improve your health, well-being and/or independence in any way?

01	Yes	1	
02	No	2	=> +2
03	DK/NR	9	=> +2

7: **TYPE**

In what way?

01	Response	01
02	DK/NR	99

8: **ALTEN**

Do you know of any programs or projects in the community that offered similar activities/services as those under the <proj >?

01	Yes	1	
02	No	2	=> +2
03	DK/NR	9	

9: **NEW**

Do you now participate in these programs or projects with similar activities/services?

01	Yes	1
02	No	2
03	DK/NR	9

10: **OTHER**

Do you now participate in any other programs or receive any other services specifically for seniors?

01	Yes	1	
02	No	2	=> +2
03	DK/NR	9	

11: KINDS

MESSAGE: PROMPT IF NECESSARY, CHOOSE ALL THAT APPLY

What kinds of seniors services or programs?

01	Assistance with housework	01
02	Help with meals	02
03	Transportation	03
04	Social activities/club/drop-in centre	04
05	Fitness/sport	05
06	Health services	06
07	Special skills services	07
08	Social services	08
09	Education/ information services/programs	09
10	Respite care/assistance to caregivers	10
11	Home care	11
12	Other (specify)	12
13	DK/NR	99

12: FAMIL

Do you receive any assistance (e.g., around the house, in getting around) from your family and friends? IF YES - Probe for "a lot" of assistance or "some" assistance

01	Yes, lots	1
02	Yes, some	2
03	No	3
04	DK/NR	9

13: AFSUP

MESSAGE: READ LIST

How would you rate the availability of support that could be provided by your family, friends and/or neighbours if you needed it? Would you say....

01	More than I do or would need	1
02	As much as I need	2
03	Less than I do or would need	3
04	DK/NR	9

14: DOTHI

Would you agree, disagree or neither agree nor disagree with the following statement: "I have someone in my life whom I do things with and can confide in".

01	Agree	1
02	Neither agree nor disagree	2
03	Disagree	3
04	DK/NR	9

15: ISSUP

MESSAGE: PLEASE NUMBER EACH RESPONSE 1,2

What are the two biggest issues currently threatening the health, well being and independence of Canadian seniors today? Please start by giving me the one you consider most important.

01	Response	01
02	DK/NR	99

16: RESP

MESSAGE: ONE ONLY

In the area of aging and seniors issues overall, who do you think should have PRIMARY responsibility. Should it be...

01	Government	01
02	Non-profit or voluntary organizations	02
03	Individuals in general	03
04	Seniors	04
05	Other	05
06	DK/NR	99

17: LEVEL

=> +1 if NOT(RESP=#1)

What level of government should have primary responsibility for aging and seniors issues?

01	Federal	1
02	Provincial	2
03	Local/municipal	3
04	DK/NR	9

18: INVOL

MESSAGE: READ LIST

Overall, in the area of aging and seniors issues, what would you like to see the federal government do in the future for ALL Canadian seniors. Would you say....

01	Increase its level of support	1
02	Maintain its current level of support	2
03	Reduce its level of support	3
04	Eliminate support4	4
05DK/NR		9

19: **INVO2**

MESSAGE: READ LIST

Overall, in the area of aging and seniors issues, what would you like to see the federal government do in the future for LOW INCOME Canadian seniors. Would you say....

01 Increase its level of support 1
02 Maintain its current level of support 2
03 Reduce its level of support 3
04 Eliminate support4 4
05DK/NR 9

20: **LOWIN**

Some people argue that those who can pay, should, and only low income seniors should receive government-supported services. Do you agree with this statement, disagree or neither agree nor disagree?

01 Agree 1
02 Neither agree nor disagree 2
03 Disagree 3
04 DK/NR 9

21: **PRIOR**

The government will face a number of challenges as Canadians age. For each of the following areas, I'd like you to tell me whether you think the government should, for all Canadian seniors, increase its support, maintain support at the same level it is now or reduce its support.

22: **PENS**

MESSAGE: ...what the government should do

....income security such as pensions and income tax credits NOTE: IF respondent says increase or reduce, probe from "alot" or "a little"

01 Increase support alot 1
02 Increase support a little 2
03 Maintain support at the same level as now 3
04 Reduce support a little 4
05 Reduce support a lot 5
06 DK/NR 9

23: **PBLH**

MESSAGE: ...what the government should do

....basic health care coverage NOTE: IF respondent says increase or reduce, probe for "a lot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

24: **EBENE**

MESSAGE: ...what the government should do

....extended health care benefits for prescription drugs NOTE: IF respondent says increase or reduce, probe for "alot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

25: **INTER**

MESSAGE: ...what the government should do

....health care benefits for out-of-country care NOTE: IF respondent says increase or reduce, probe for "a lot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

26: **AFFOR**

MESSAGE: ...what the government should do

....specialized housing (e.g., retirement building with on-site support, adapted housing for seniors, etc.) NOTE: IF respondent says increase or reduce, probe for "alot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

27: **ACCES**

MESSAGE: ...what the government should do

....accessible transportation NOTE: IF respondents says increase or reduce, probe for "a lot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

28: **HOME**

MESSAGE: ...what the government should do

...home care or home support services (e.g., homemaker services, assistance with bathing, meal preparation, nursing, etc.) NOTE: IF respondent says increase or reduce, probe for "a lot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

29: **RESPT**

MESSAGE: ...what the government should do

....services to help those who are caring for an elderly relative or friend NOTE: IF respondent says increase or reduce, probe for "a lot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

30: **PALL**

MESSAGE: ...what the government should do

...specialized care services for dying patients NOTE: If respondent says increase or reduce, probe for "a lot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

31: PWELL

MESSAGE: ...what the government should do

....programs and information for seniors on topics like exercise, nutrition, accident-prevention, medication use, etc NOTE: IF respondent says increase or reduce, probe for "a lot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

32: COMMC

MESSAGE: ...what the government should do

....organizations for seniors NOTE: IF respondents says increase or reduce, probe for "a lot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

33: KNOW

MESSAGE: ...what the government should do

...providing information to seniors about health, well-being and independence

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

34: INFO

MESSAGE: ...what the government should do

....improving the public image of aging and seniors NOTE: IF respondent says increase or reduce, probe for "a lot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

35: **LEAD**

MESSAGE: ...what the government should do

....guiding and coordinating other organizations across the country regarding seniors issues

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

36: **RESE**

MESSAGE: ...what the government should do

....research funding on the health concerns of seniors such as osteoporosis or Alzheimers disease NOTE: If respondent says increase or reduce, probe for "a lot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

37: **RISK**

MESSAGE: ...what the government should do

....benefits for medical devices and aids such as hearing aids and walkers NOTE: IF respondent says increase or reduce, probe for "alot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

38: **NONSE**

Overall, how would you say non-seniors perceive seniors and aging in Canada today? Would you say people generally have a....

01	positive view	1
02	mixed view	2
03	negative view	3
04	DK/NR	9

39: **PRE57**

Finally, I would like to ask you a few questions for statistical purposes. I remind you that all of your responses will be protected and no answers will be reported individually.

40: RETIR

Are you currently retired, semi-retired, a homemaker, employed outside the home or self-employed? (RETIRED MEANS THEY WERE IN THE WORKFORCE AT SOMETIME, HOMEMAKER MEANS THEY NEVER WORKED OUTSIDE OF THE HOME)

01 Retired 1
02 Homemaker 2
03 Employed outside the home 3
04 Self-employed 4
05 Other (specify) 5
06 Semi-retired 6
07 DK/NR . . . . 9 => +1

41: I2

=> +1 if NOT(RETIR=#3-#4)

MESSAGE: SELECT ALL THAT APPLY - DO NOT READ CATEGORIES

Are you working part-time or full-time?

01 Part-time 1
02 Full-time 2
03 DK/NR 9

42: VOL

Do you do any volunteer work for groups or organizations? IF YES: Probe for "lots" or "some"

01 Yes, lots 1
02 Yes, some 2
03 No 3
04 DK/NR 9

43: VOLLF

Do you spend time helping out family, friends or neighbours? IF YES: Probe for "lots" or "some"

01 Yes, lots 1
02 Yes, some 2
03 No 3
04 DK/NR 9

44: Q59

What is your current marital status?

01 Now married/common law 1
02 Widowed 2
03 Single (i.e., never married) 3
04 Separated or divorced 4
05 DK/NR 9

45: HEALT

In general, compared to other people your age, would you say your health and well-being is very good, average, or poor.

01	Very good	1	
02	Average	2	
03	Poor	3	
04	DK/NR	9	

46: DIS

Do you have a chronic or long-term illness, injury or disability that limits your physical independence?

01	Yes	1	
02	No	2	=> +2
03	DK/NR	9	

47: SPECI

MESSAGE: READ CATEGORIES

To what extent would you say your physical independence is limited by an illness, injury or disability? Would you say...

01	A great deal	1	
02	Somewhat	2	
03	A little	3	
04	DK/NR	9	

48: IMPRO

Did you do something to improve your health in the past 12 months?

01	Yes	1	
02	No	2	=> +3
03	DK/NR	9	

49: SINGL

What is the single most important change you have made in the past 12 months to improve your health?

01	Increased physical activity	01
02	Lost weight	02
03	Changed eating habits	03
04	Managed blood pressure	04
05	Change physical environment	05
06	Acquired an assistance device or medical aid	06
07	Received better care services	07
08	Changed medication	08
09	Other (specify)	09
10	DK/NR	99

50: HELP

MESSAGE: READ CATEGORIES, CHOOSE ALL THAT APPLY

Did any of the following help you to make this change? PROBE: Any other factors which helped you make this change?

01	Support from family or friends	01
02	Increased knowledge of health risks	02
03	Changes in legislation or policies	03
04	Change in life situation	04
05	Advice from health professional	05
06	None of the above	09
07	Other	07
08	DK/NR	99

51: EDUC

What is the highest level of formal education that you have completed?

01	No schooling	01
02	Primary school	02
03	Some high school	03
04	High school graduate	04
05	Some community college/CEGEP	05
06	Community college/CEGEP graduate	06
07	Some university	07
08	Undergraduate degree (e.g., B.A., B.Sc.)	08
09	Graduate or post graduate degree (e.g., M.A., M.Sc., Ph.D.)	09
10	Other (specify)	10
11	DK/NR	99

52: WHERE

MESSAGE: PROMPT WITH CATEGORIES

What kind of place do you live in?

01	Private residence	01	
02	Retirement home	02	=> SIZE
03	Institutional facility	03	=> SIZE
04	Other (specify)	04	=> SIZE
05	DK/NR	99	=> SIZE

53: NUMB

How many people, including yourself, live in your residence?

01	DK/NR	99

54: SIZE

What is the approximate size of the community in which you live?

01	Less than 10,000	1
02	10,000 to 99,999	2
03	100,000 to 1 million	3
04	1 million plus	4
05	DK/NR	9

55: CULT

What is the language you first learned in childhood and still understand?

01	English	01
02	French	02
03	Other	03

Which of the following three statements best describes your current financial situation.

I can meet my needs and still have enough money left over to do the things I want.

I have enough money to meet my needs but have little left over for extras.

I can barely meet my needs and have nothing left over for extras.

@meet
1 - Can meet needs and have money left over
2 - Enough to meet needs but little left over
3 - Barely meet needs
9 - DK/NR

56: MEET

01	Extras	1
02	Little for extras	2
03	Barely meet needs	3
04	DK/NR	9

57: HOU

MESSAGE: ALLOW RESPONDENTS CHOICE OF DECLINING TO RESPOND IF NOT COMFORTABLE

Approximately what was your total annual household income before deductions in the year ending December 31, 1995? Would it be.....

01	Less than $10,000	1
02	$10,000 to $14,999	2
03	$15,000 to $19,999	3
04	$20,000 to $29,999	4
05	$30,000 or over	5
06	DK/NR	9

58: SEX

MESSAGE: DO NOT READ

SEX

01	Male	1
02	Female	2

59: THNK

MESSAGE: End of Interview

Thank you for your cooperation and time!

01 Completion 1

60: INT

MESSAGE: END OF INTERVIEW elapsed:$T $D $H

ENTER COMPLETION CODE

Elimination => 1 (NOT THNK)

01	Completed interview	CO	=> END
02	A business	BU	=> END
03	Number Not in Service	NF	=> END
04	Incomplete interview-->call back	IC	=> CB
05	No answer/Busy/Eligible Respondent not in-> call back .	NA	=> CB
06	Appointment for later time	AP	=> CB
07	Refusal	RF	=> END
08	Language Difficulty with Respondent/Hearing impairment .	LN	=> END
09	Ineligible to Participate/Screened Out	IN	=> END
10	Unavailable for the Survey Duration	UN	=> END
11	Called TEN times without success	RE	=> END
12	Deceased/TOO ILL TO PARTICIPATE	DE	=> END
13	To be called back by a francophone interviewer.	FR	=> CB
14	Incomplete refusal	IR	=> END

61: CB

MESSAGE: It is now $h Il est maintenant $H

ENTER A DATE AND TIME TO CALL THIS NUMBER BACK

62: DUM_1

=> END if ***0==0***

63: DUM_2

64: DUM_3

65: DUM_4

66: DUM_5

67: DUM_6

68: F6

Note fields for interviewers

```
@f6
Name of respondent:   <conta                                        >
Telephone number:     <tele          >

@not1
@not2
@not3
@not4
@not5
@not6
@not7
@not8
@not9
@not10
```

69: NOT1

70: NOT2

71: NOT3

72: NOT4

73: NOT5

74: NOT6

75: NOT7

76: NOT8

77: NOT9

78: NOT10

```
@F7
NAME OF RESPONDENT:    @CONTA
ADDRESS:               @STREE
                       @CITY
                       @PROV
                       @POST
TELEPHONE NUMBER:      @TELE

TITLE OF PROJECT:      @PROJ
NUMBER OF PROJECT:     @CODE
TYPE OF PROGRAM:       @PROG
(New Horizons Parterns in Aging-1, New Horizons-2, SIP-3, Ventures-4, Other-5)
START DATE:            @START
END DATE:              @LAST
SPONSOR:               @SPON
HEAD OF ORG.:          @HEAD
RANDOM:                @RAND
```

79: F7

=> +1 if 0==0

80: CONTA

Contact name of respondent

81: STREE

STREET ADDRESS

82: CITY

CITY

83: PROV

PROVINCE

01	NF	NF
02	NOVA SCOTIA	NS
03	NEW BRUNSWICK	NB
04	PRINCE EDWARD ISLAND	PE
05	quebec	PQ
06	ontario	ON
07	manitoba	MB
08	saskatchewan	SK
09	ALBERTA	AB
10	BC	BC
11	Northwest Territories	NW
12	Yukon	YK

84: POST

POSTAL CODE

85: **TELE**
TELEPHONE NUMBER

86: **PROJ**
Title of project

87: **CODE**
Number of project

88: **PROG**
Program type

01	New Horizons: Partners in Aging	1
02	New Horizons	2
03	SIP	3
04	Ventures	4
05	Other	5

89: **START**
Start year of project

90: **LAST**
End year of project

91: **SPON**
Name of project sponsor

92: **HEAD**
Head of project

93: **RAND**
From random or non-random pile

01	Random	1
02	Non-random	2

94: F10

Choose among the following themes:

01 Client . . . . 1 =>
F10_1 . . . .
02 Confidentiality . . . . 2 =>
F10_2 . . . .
03 How did you get my name . . . . 3 =>
F10_3 . . . .
04 Study topic . . . . 4 =>
F10_4 . . . .
05 Prompt on why personal information asked in survey. . . . 5 =>
F10_5 . . . .
06 Who to call for more information . . . . 6 =>
F10_6 . . . .
07 How to access info under Privacy Act . . . . 7 =>
F10_7 . . . .
08 What is the Division of Aging and Seniors . . . . 8 =>
F10_8 . . . .
09 Return to the interview . . . . 9 =>
F10_9 . . . .

95: F10_1

This evaluation study is being conducted by Ekos on behalf of the federal department, Health Canada.

01 OK, return to the help menu . . . . 1 => F10

96: F10_2

All information you give will be protected under the provisions of the Privacy Act. The information collected will be used for research purposes only. The report that will be written will give aggregate totals only, and no comments will be attributed to any individual. If you wish to discuss this survey you may talk to my supervisor, or to the survey coordinator at Ekos, Janice Remai collect at (613) 235-7225.

01 OK, return to the help menu . . . . 1 => F10

97: F10_3

Your name was obtained from the manager of the program/project which was selected at random for this study and this information was used to contact you. This information was released for research purposes only.

01 OK, return to the help menu . . . . 1 => F10

98: F10_4

This survey is part of research conducted by Health Canada. Interviews are being conducted with @ 500 seniors who have participated in projects funded by the Division of Aging & Seniors through New Horizons:Partners in Aging, New Horizons, Venture in Independence & Seniors Independence Program. The results of the study will be used by the department to help evaluate the effectiveness of the government's programs for seniors & to improve the programs in the future.

01 OK, return to the help menu . . . . 1 => F10

99: F10_5

Some of the questions in this survey involve personal questions about you. The purpose of these questions is to fully understand how Canadians are affected by aging in all areas of their life. This information is protected by the Privacy Act and information reported will be given in aggregate totals only, no comments will be attributed to one individual.

INDIVIDUAL.

01 OK, return to help menu . . . . 1 => F10

100: F10_6

If you need more information, you may call the survey manager at Ekos, Janice Remai collect at (613) 235-7225. If you want more information about the federal government's seniors program, you may contact the Division of Aging and Seniors at Health Canada at (613) 952-7606. If you would like more information about this evaluation study you may contact Linda Ladouceur collect at (613) 957-3897.

01 OK, return to help menu . . . . 1 => F10

101: F10_7

The information you provide will be stored in Personal Information Bank no. HC-002-085-9619 should you wish to obtain information pertaining to this survey, you may submit a request under the Privacy Act or the Access to Information Act, to Health Canada, stating the specific information you would like, and the personal information bank in which it is stored. Instructions for obtaining this information are provided in the publication "Info Source".

01 OK, return to help menu . . . . 1 => F10

102: F10_8

The Division of Aging and Seniors provides funding for programs and research to address issues around aging and seniors. There were three funding programs until 1995: New Horizons, Ventures in Independence, and Seniors Independence Program. These programs were combined in 1995 to form New Horizons:Partners in Aging. The objective of the Division is the improve the health, independence and well-being of seniors in Canada.

01 OK, return to help menu . . . . 1 => F11

103: F10_9

TYPE "ENTER" TO CONTINUE THE INTERVIEW

Survey of General Public Clients

INTRODUCTION

Hello, may name is ___ and I work for Ekos Research Associates. We have been hired by Health Canada to conduct an evaluation of the department's aging and seniors programs. This study will gather opinions about the different programs offered by the government to assist seniors and about the priorities for the government in the future. We are interviewing people who have contacted the department for information, advice or referral in the past two years. Your participation in this survey is completely voluntary and refusal to participate will not affect any services which you may receive from the government now or in the future. All the information you provide will be protected under the Privacy Act and you can request the report under the Access to Information Act. The interview will take about 20 minutes of your time. You may also decline to answer any question you do not feel comfortable with. Is this a convenient time?

@invit (1=yes, 2=no)

1: **INVIT**

Introduction.

01 Yes 1
02 No . . . . 2 => INT

2: **INTR3**

=> +2 if LIST=#2

First, I'd like to confirm our information. According to our records, you contacted the Division of Aging and Seniors, or the Seniors Directorate at Health Canada or the National Advisory Council on Aging in the past two years, for information, advice or a referral to another organization. This contact might have been made by telephone, fax, e-mail, or through a written request. Is that correct?

01 Yes . . . . 1 =>
SENIO . . . .
02 No 2

3: **PROME**

Are you sure? For example, you may have written a letter requesting a publication on seniors health issues, telephoned to get a referral to another department or organization, or the Division of aging and seniors may have sent your request to the appropriate department on your behalf.

01 Yes, I did make an enquiry 1
02 No . . . . 2 => INT

4: **INTR4**

=> +2 if LIST=#1

First, I'd like to confirm our information. According to our records, you have been on the mailing list to receive various publications from either the Division of Aging and Seniors, the Seniors Directorate at Health Canada or the National Advisory Council on Aging. Is that correct?

01 Yes . . . . 1 => +2
02 No 2

5: **PROMM**

Are you sure? Examples of publications you may have received include the Seniors Info-Exchange, research reports or NACA publications (e.g., position papers, Writings in Gerontology, Forum collection papers, Vignette fact sheets).

01 Yes, I was on the mailing list 1
02 No . . . . 2 => INT

6: **SENIO**

First, to help us with the interview, in what year were you born?

01 DK/NR 99

7: **CALC**

=> * if 96-SENIO

Calculate age of respondent

8: **AWAR**

How did you first hear about Health Canada's programs for aging and seniors?

01 Word of mouth (family, friends) 01
02 From other health or social service professionals (e.g., nurse, social worker) 02
03 Through a seniors association or organization 03
04 Through a publication 04
05 Flyer or brochure 05
06 Through Health Canada booth 06
07 Through a presentation at a conference 07
08 Advertisement - radio, newspaper, television 08
09 Other 09
10 DK/NR 99

9: **SERV**

What was the main reason why you contacted Health Canada's aging and seniors programs?

01	INFORMATION about other government programs dealing with seniors (e.g., pensions, health services)	01
02	INFORMATION about a specific issue (e.g., osteoporosis, mobility aids)	02
03	INFORMATION about receiving/applying for funding under a particular program	03
04	RESEARCH, publications on seniors issues	04
05	REFERRAL to another service or government program	05
06	SPECIALIZED ADVICE on a specific issue	06
07	REFERRED BY another organization	07
08	To seek support or partnership for a project	08
09	Other	09
10	DK/NR	99

10: **TOPIC**

MESSAGE: CHOOSE ALL THAT APPLY

On what subject were you interested in obtaining information, advice or referral?

01	Medicare	01
02	Nursing homes/institutions	02
03	Benefits like prescription drugs	03
04	Assistive devices	04
05	Social support services (services for seniors, seniors' groups)	05
06	Household support services (e.g., services for yard work, household chores)	06
07	Financial, economic issues (pension, old age security)	07
08	Housing	08
09	Mobility, accessibility	09
10	Personal safety and security	10
11	Employment (e.g., mandatory retirement legislation, older worker issues)	11
12	Other	12
13	DK/NR	99

11: **ORG**

Did you contact Health Canada for yourself, on behalf of an organization or on behalf of another person?

01	For myself	1	=> +3
02	On behalf of organization	2	=> +3
03	On behalf of another person	3	
04	DK/NR	9	=> +3

12: **BEHAL**

=> +2 if NOT(ORG=#3)

On whose behalf did you contact Health Canada's seniors and aging programs?

01	Parent	1
02	Friend	2
03	Neighbour	3
04	Spouse	4
05	Other	5
06	DK/NR	9

13: CARE

Do you have primary responsibility for the care of this person?

01	Yes	1
02	No	2
03	DK/NR	9

14: RCON

What was the result of your contact with Health Canada?

01	Referred to another organization	01
02	Received information/publication in the mail	02
03	Received information over the telephone	03
04	Other (specify)	04
05	DK/NR	99

15: RESUL

Did your contact with Health Canada's seniors and aging programs meet your expectations?

01	Yes	1
02	No	2
03	DK/NR	9

16: SATIS

How would you rate the information and service that you received from Health Canada's seniors and aging programs? For each of the following, would you say you are satisfied, neither satisfied nor dissatisfied, or dissatisfied.

17: PROMP

=> +1 if NOT(RCON=#2-#4) OR LIST=#2

MESSAGE: How would you rate your satisfaction in the area of....

PROMPTNESS IN RECEIVING THE INFORMATION/MATERIAL YOU REQUESTED

01	Satisfied	1
02	Neither satisfied nor dissatisfied	2
03	Dissatisfied	3
04	DK/NR	9

18: UNDER

=> +1 if LIST=#2

MESSAGE: How would you rate your satisfaction in the area of....

UNDERSTANDING OF YOUR REQUEST/PROBLEM

01	Satisfied	1
02	Neither satisfied nor dissatisfied	2
03	Dissatisfied	3
04	DK/NR	9

19: SOUR

=> +1 if NOT(RCON=#1) OR LIST=#2

MESSAGE: How would you rate your satisfaction in the area of....

ABILITY TO REFER YOU TO THE APPROPRIATE SOURCE....

01	Satisfied	1
02	Neither satisfied nor dissatisfied	2
03	Dissatisfied	3
04	DK/NR	9

20: DELIV

=> +1 if NOT(RCON=#2-#4) OR LIST=#2

MESSAGE: How would you rate your satisfaction in the area of....

ABILITY TO ACTUALLY DELIVER ON YOUR REQUEST

01	Satisfied	1
02	Neither satisfied nor dissatisfied	2
03	Dissatisfied	3
04	DK/NR	9

21: RELE

=> +1 if NOT(RCON=#2-#4)

MESSAGE: How would you rate your satisfaction in the area of....

RELEVANCE OF THE INFORMATION, PUBLICATION OR ADVICE YOU RECEIVED

01	Satisfied	1
02	Neither satisfied nor dissatisfied	2
03	Dissatisfied	3
04	DK/NR	9

22: CLAR

=> +1 if NOT(RCON=#2-#4)

MESSAGE: How would you rate your satisfaction in the area of....

CLARITY OF THE INFORMATION,PUBLICATION,ADVICE (EASY TO UNDERSTAND)

01	Satisfied	1
02	Neither satisfied nor dissatisfied	2
03	Dissatisfied	3
04	DK/NR	9

23: USE

=> +1 if NOT(RCON=#2-#4)

MESSAGE: How would you rate your satisfaction in the area of....

USEFULNESS OF THE INFORMATION, PUBLICATION OR ADVICE YOU RECEIVED

01	Satisfied	1
02	Neither satisfied nor dissatisfied	2
03	Dissatisfied	3
04	DK/NR	9

24: EXTRA

=> +1 if NOT(RCON=#2-#4)

MESSAGE: How would you rate your satisfaction in the area of....

WILLINGNESS OF STAFF TO "GO THE EXTRA MILE" ON YOUR BEHALF

01	Satisfied	1
02	Neither satisfied nor dissatisfied	2
03	Dissatisfied	3
04	DK/NR	9

25: OVERL

Using the same scale, how satisfied were you OVERALL with the information and service you received from Health Canada's seniors and aging programs?

01	Satisfied	1
02	Neither satisfied nor dissatisfied	2
03	Dissatisfied	3
04	DK/NR	9

26: REAS

=> +1 if OVERL=#2

What was the main reason you were satisfied/dissatisfied?

01	Response	01
02	DK/NR	99

27: ALTEN

Do you think you could have received the same type of information or advice from some other group or agency?

01	Yes	1	
02	No	2	=> +3
03	DK/NR	9	=> +3

28: CURR

Have you received information or advice from such groups or agencies?

01	Yes	1
02	No	2
03	DK/NR	9

29: BETTR

Do you think you could have received better service elsewhere?

01	Yes	1
02	No	2
03	DK/NR	9

30: **IMPA2**

=> +2 if CALC>64

MESSAGE: CHOOSE ALL THAT APPLY

What was the IMPACT of the information, advice or referral you received through the aging and seniors programs at Health Canada? Did you....

01	Distribute the information or research you received to other colleagues/institutions	01
02	Make additional contacts or networks in your field	02
03	Incorporate the information or research you received into your own work	03
04	Follow-up on a referral you received	04
05	Submit an application for funding	05
06	Improve your knowledge in a particular area	06
07	Change the way you deliver your service/program	07
08	Establish a formal partnership or relationship with another organization	08
09	Improved your perception of seniors and aging in Canada	09
10	Resolution of a concern or problem	10
11	Incorporate a publication in your resource centre/library	11
12	None of the above	12
13	DK/NR	99

31: **IMPA3**

Were there any other IMPACTS of the information, advice or referral you received from the aging and seniors program at Health Canada?

01	Response	01
02	No other impacts	98
03	DK/NR	99

32: **HEATH**

=> ISSUC if CALC<65

Did the information, advice or referral help you maintain or improve your health, well-being or independence in any way?

01	Yes	1	
02	No	2	=> +2
03	DK/NR	9	=> +2

33: **TYPE**

In what way?

01	Response	01
02	DK/NR	99

34: ISSUC

MESSAGE: Please number responses 1,2 and 3

What do you think are the two biggest issues threatening the health, well-being and independence of CANADIAN SENIORS TODAY and in the near future? Please start by giving met the one you consider most important.

01	Response	01
02	DK/NR	99

35: RESP

In the area of aging and seniors issues overall, who do you think should have primary responsibility. Should it be...

01	Government	1
02	Non-profit or voluntary organizations	2
03	Individuals in general	3
04	Seniors	4
05	Other	5
06	DK/NR	9

36: LEVEL

=> +1 if NOT(RESP=#1)

What level of government do you think should have primary responsibility for seniors and aging issues?

01	Federal	1
02	Provincial	2
03	Local/municipal	3
04	DK/NR	9

37: INVOL

Overall, in the area of aging and seniors issues, what would you like to see the federal government do in the future for ALL Canadian seniors:

01	Increase its level of support	1
02	Maintain its level of support	2
03	Reduce its level of support	3
04	Eliminate support	4
05	DK/NR	9

38: **INVO2**

Overall, in the area of aging and seniors issues, what would you like to see the federal government do in the future for LOW INCOME Canadian seniors:

01	Increase its level of support	1
02	Maintain its level of support	2
03	Reduce its level of support	3
04	Eliminate support	4
05	DK/NR	9

39: **LOWIN**

Some people argue that those who can pay, should, and only low income seniors should receive government-supported services. Do you agree with this statement, disagree or neither agree nor disagree?

01	Agree	1
02	Neither agree nor disagree	2
03	Disagree	3
04	DK/NR	9

40: **PRIOR**

The government will face a number of challenges as Canadians age. For each of the following areas, I'd like you to tell me whether you think the government should, for all Canadian seniors, increase its support, maintain support at the same level it is now, or reduce its support.

41: **PENS**

MESSAGE: ...what the government should do

....income security such as pensions and income tax credits NOTE: IF respondent says increase or reduce, probe from "alot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

42: PBLH

MESSAGE: ...what the government should do

....basic health care coverage NOTE: IF respondent says increase or reduce, probe for "a lot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

43: EBENE

MESSAGE: ...what the government should do

....extended health care benefits for prescription drugs NOTE: IF respondent says increase or reduce, probe for "alot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

44: INTER

MESSAGE: ...what the government should do

....health care benefits for out-of-country care NOTE: IF respondent says increase or reduce, probe for "a lot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

45: AFFOR

MESSAGE: ...what the government should do

....specialized housing (e.g., retirement building with on-site support, adapted housing for seniors, etc.) NOTE: IF respondent says increase or reduce, probe for "alot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

46: ACCES

MESSAGE: ...what the government should do

....accessible transportation NOTE: IF respondents says increase or reduce, probe for "a lot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

47: HOME

MESSAGE: ...what the government should do

...home care or home support services (e.g., homemaker services, assistance with bathing, meal preparation, nursing, etc.) NOTE: IF respondent says increase or reduce, probe for "a lot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

48: RESPT

MESSAGE: ...what the government should do

....services to help those who are caring for an elderly relative or friend NOTE: IF respondent says increase or reduce, probe for "a lot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

49: PALL

MESSAGE: ...what the government should do

...specialized care services for dying patients NOTE: If respondent says increase or reduce, probe for "a lot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

50: **PWELL**

MESSAGE: ...what the government should do

....programs and information services on topics like exercise, nutrition, accident-prevention, medication use, etc NOTE: IF respondent says increase or reduce, probe for "a lot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

51: **COMMC**

MESSAGE: ...what the government should do

....organizations for seniors NOTE: IF respondents says increase or reduce, probe for "a lot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

52: **KNOW**

MESSAGE: ...what the government should do

...providing information to seniors about health, well-being and independence

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

53: **INFO**

MESSAGE: ...what the government should do

....improving the public image of aging and seniors NOTE: IF respondent says increase or reduce, probe for "a lot" or "a little"

01	Increase support alot	1
02	Increase support a little	2
03	Maintain support at the same level as now	3
04	Reduce support a little	4
05	Reduce support a lot	5
06	DK/NR	9

54: **LEAD**
MESSAGE: ...what the government should do
...guiding and coordinating other organizations across the country regarding seniors issues
01 Increase support alot 1
02 Increase support a little 2
03 Maintain support at the same level as now 3
04 Reduce support a little 4
05 Reduce support a lot 5
06 DK/NR 9

55: **RESE**
MESSAGE: ...what the government should do
....research funding on the health concerns of seniors such as osteoporosis or Alzheimers disease NOTE: If respondent says increase or reduce, probe for "a lot" or "a little"
01 Increase support alot 1
02 Increase support a little 2
03 Maintain support at the same level as now 3
04 Reduce support a little 4
05 Reduce support a lot 5
06 DK/NR 9

56: **RISK**
MESSAGE: ...what the government should do
....benefits for medical devices and aids such as hearing aids and walkers NOTE: IF respondent says increase or reduce, probe for "alot" or "a little"
01 Increase support alot 1
02 Increase support a little 2
03 Maintain support at the same level as now 3
04 Reduce support a little 4
05 Reduce support a lot 5
06 DK/NR 9

57: **NONSE**
Overall, how would you say non-seniors perceive seniors and aging in Canada today? Would you say people generally have a....
01 positive view 1
02 mixed view 2
03 negative view 3
04 DK/NR 9

58: **PRE57**
Finally, I would like to ask you a few questions for statistical purposes. I remind you that all of your responses will be protected and no answers will be reported individually.

59: **RETIR**
=> Q23A if CALC<65
Are you currently retired, semi-retired, a homemaker, employed outside the home or self-employed?

01	Retired	1
02	Homemaker	2
03	Employed	3
04	Self-employed	4
05	Semi-retired	5
06	DK/NR	9

60: **I2**
=> +1 if NOT(RETIR=#3-#4)
MESSAGE: SELECT ALL THAT APPLY - DO NOT READ CATEGORIES
Are you working full-time or part-time?

01	Full-time	1
02	Part-time	2
03	DK/NR	3

61: **VOL**
Do you do any volunteer work for groups or organizations? IF YES: PROBE FOR "lots" or "some"

01	Yes, lots	1
02	Yes, some	2
03	No	3
04	DK/NR	9

62: **VOLLF**
Do you spend time helping out family, friends or neighbours? IF YES: Probe for "lots" or "some"

01	Yes, lots	1
02	Yes, some	2
03	No	3
04	DK/NR	9

63: **Q59**
What is your current marital status?

01	Now married/common law	1
02	Widowed	2
03	Single (i.e., never married)	3
04	Separated or divorced	4
05	DK/NR	9

64: HEALT

In general, compared to other people your age, would you say your health and well-being is very good, average, or poor.

01 Very good 1
02 Average 2
03 Poor 3
04 DK/NR 9

65: DIS

Do you have a chronic or long-term illness, injury or disability that limits your physical independence?

01 Yes 1
02 No . . . . 2 => +2
03 DK/NR 9

66: SPECI

MESSAGE: READ CATEGORIES

To what extent would you say your physical independence is limited by an illness, injury or disability? Would you say...

01 A great deal 1
02 Somewhat 2
03 A little 3
04 DK/NR 9

67: IMPRO

Did you do something to improve your health in the past 12 months?

01 Yes 1
02 No . . . . 2 => +3
03 DK/NR 9

68: SINGL

What is the single most important change you have made in the past 12 months to improve your health?

01 Increased physical activity 01
02 Lost weight 02
03 Changed eating habits 03
04 Managed blood pressure 04
05 Change physical environment 05
06 Acquired an assistance device or medical aid 06
07 Received better care services 07
08 Changed medication use 08
09 Other (specify) 09
10 DK/NR 99

69: **HELP**

MESSAGE: READ CATEGORIES, CHOOSE ALL THAT APPLY

Did any of the following help you to make this change? Probe: Did any other factors help you to make this change?

01	Support from family or friends	01
02	Increased knowledge of health risks	02
03	Changes in legislation or policies	03
04	Change in life situation	04
05	Advice from health professional	05
06	None of the above	09
07	Other	07
08	DK/NR	99

70: **EDUC**

What is the highest level of formal education that you have completed?

01	No schooling	01
02	Primary school	02
03	Some high school	03
04	High school graduate	04
05	Some community college/CEGEP	05
06	Community college/CEGEP graduate	06
07	Some university	07
08	Undergraduate degree (e.g., B.A., B.Sc.)	08
09	Graduate or post graduate degree (e.g., M.A., M.Sc., Ph.D.)	09
10	Other (specify)	10
11	DK/NR	99

71: **WHERE**

MESSAGE: PROMPT WITH CATEGORIES

In what kind of place to you live?

01	Private residence	01	
02	Retirement home	02	=> SIZE
03	Institutional facility	03	=> SIZE
04	Other (specify)	04	=> SIZE
05	DK/NR	99	=> SIZE

72: **NUMB**

How many people, including yourself, live in your residence?

01	DK/NR	99

73: **SIZE**

What is the approximate size of the community in which you live?

01	Less than 10,000	1
02	10,000 to 99,999	2
03	100,000 to 1 million	3
04	1 million plus	4
05	DK/NR	9

74: **CULT**

What is the language you first learned in childhood and still understand?

01	English	01
02	French	02
03	Other	03

Which of the following three statements best describes your current financial situation.

I can meet my needs and still have enough money left over to do the things I want.

I have enough money to meet my needs but have little left over for extras.

I can barely meet my needs and have nothing left over for extras.

@meet
1 - Can meet needs and have money left over
2 - Enough to meet needs but little left over
3 - Must budget carefully
4 - Barely meet needs
9 - DK/NR

75: **MEET**

01	Extras	1
02	Little for extras	2
03	Barely meet needs	3
04	DK/NR	9

76: **HOU**

MESSAGE: ALLOW RESPONDENTS CHOICE OF DECLINING TO RESPOND IF NOT COMFORTABLE

Approximately what was your total annual household income before deductions in the year ending December 31, 1995? Would it be....

01	Less that $10,000	1
02	$10,000 to $14,999	2
03	$15,000 to $19,999	3
04	$20,000 to $29,999	4
05	$30,000 or more	5
06	DK/NR	9

77: **Q23A**

=> SEX if ORG=#1,#3

Does your organization deal primarily with seniors' issues?

01	Yes	1
02	No	2
03	DK/NR	9

78: **Q23B**

What type of organization is this?

01	Direct service provider - health care	1
02	Direct service provider - non-health care	2
03	Research institute, university	3
04	Government	4
05	Community-based seniors organization	5
06	Other (specify)	6
07	DK/NR	9

79: **Q23**

How large is your organization?

01	Less than 10 people	1
02	10 to 99 people	2
03	100 or more people	3
04	DK/NR	9

80: **POS**

What is your position in your organization?

01	Manager, director	01
02	Member of board of directors	02
03	Volunteer	03
04	Employed staff/member of your organization	04
05	Nurse, social worker	05
06	Other (specify)	06
07	DK/NR	99

81: **Q24**

MESSAGE: ENTER NUMBER and THEN ENTER either the MONTHS OR YEARS code.

Approximately how long have you been with this organization?

01	Months	U1
02	Years	U2
03	DK/NR	99

82: **SEX**

MESSAGE: DO NOT READ

SEX

01	Male	1
02	Female	2

83: **THNK**

MESSAGE: End of Interview

Thank you for your cooperation and time!

01	Completion	1

84: **INT**

MESSAGE: END OF INTERVIEW elapsed:$T $D $H

ENTER COMPLETION CODE

```
                                                         Elimination => 1 (NOT THNK)
01  Completed interview  . . . . . . . . . . . . . . . . . .  CO         => END
02  A business  . . . . . . . . . . . . . . . . . . . . . . .  BU         => END
03  Number Not in Service  . . . . . . . . . . . . . . . . .  NF         => END
04  Incomplete interview-->call back . . . . . . . . . . . .  IC         => CB
05  No answer/Busy/Eligible Respondent not in-> call back  .  NA         => CB
06  Appointment for later time . . . . . . . . . . . . . . .  AP         => CB
07  Refusal  . . . . . . . . . . . . . . . . . . . . . . . .  RF         => END
08  Language Difficulty with Respondent/Hearing impairment  .  LN         => END
09  Ineligible to Participate/Screened Out . . . . . . . . .  IN         => END
10  Unavailable for the Survey Duration  . . . . . . . . . .  UN         => END
11  Called TEN times without success . . . . . . . . . . . .  RE         => END
12  Deceased/ TOO ILL TO PARTICIPATE . . . . . . . . . . . .  DE         => END
13  To be called back by a francophone interviewer.  . . . .  FR         => CB
14  Incomplete refusal . . . . . . . . . . . . . . . . . . .  IR         => END
```

85: **CB**

MESSAGE: It is now $h Il est maintenant $H

ENTER A DATE AND TIME TO CALL THIS NUMBER BACK

86: **DUM_1**

=> END if   0==0

87: **DUM_2**

88: **DUM_3**

89: **DUM_4**

90: **DUM_5**

91: **DUM_6**

92: F6

Note fields for interviewers

```
@f6
Name of respondent:    <conta
Telephone number:      <tele

@not1
@not2
@not3
@not4
@not5
@not6
@not7
@not8
@not9
@not10
```

93: NOT1

94: NOT2

95: NOT3

96: NOT4

97: NOT5

98: NOT6

99: NOT7

100: NOT8

101: NOT9

102: NOT10

```
@F7
NAME OF RESPONDENT: @conta
TITLE:              @TITLE

ORGANIZATION:       @ORGAN

ADDRESS:            @STREE

                    @CITY
                    @PROV
                    @POST
TELEPHONE NUMBER:   @TELE

FILE NAME:          @FILEN
DATE:               @DATE

SOURCE OF LIST:     @LIST (1-made an enquiry, 2-mailing list)
```

103: F7
=> +1 if 0==0

104: CONTA
CONTACT NAME OF RESPONDENT

105: TITLE

106: ORGAN
Organization name

107: STREE
STREET ADDRESS

108: CITY
CITY

109: PROV
PROVINCE

110: POST
POSTAL CODE

111: TELE
TELEPHONE NUMBER

112: FILEN
File number

113: DATE

114: LIST
Imported flag on source of list

```
01  Enquiry  . . . . . . . . . . . . . . . . . . . . . . . .   1
02  Mailing list . . . . . . . . . . . . . . . . . . . . . .   2
```

115: MAIL1
Mailing list ID

116: MAIL2
Other ID from mailing list

117: F10
Choose among the following themes:

```
01  Client  . . . . . . . . . . . . . . . . . . . . . . . . .   1          =>
F10_1 . . . . . . . . . . . . . . . . . . . . . . . . . . . .
02  Confidentiality  . . . . . . . . . . . . . . . . . . . .   2          =>
F10_2 . . . . . . . . . . . . . . . . . . . . . . . . . . . .
03  How did you get my name  . . . . . . . . . . . . . . . .   3          =>
F10_3 . . . . . . . . . . . . . . . . . . . . . . . . . . . .
04  Study topic  . . . . . . . . . . . . . . . . . . . . . .   4          =>
F10_4 . . . . . . . . . . . . . . . . . . . . . . . . . . . .
05  Prompt on why personal information asked in survey.  . .   5          =>
F10_5 . . . . . . . . . . . . . . . . . . . . . . . . . . . .
06  Who to call for more information . . . . . . . . . . . .   6          =>
F10_6 . . . . . . . . . . . . . . . . . . . . . . . . . . . .
07  How to access info under Privacy Act . . . . . . . . . .   7          =>
F10_7 . . . . . . . . . . . . . . . . . . . . . . . . . . . .
08  What is the Division of Aging and Seniors  . . . . . . .   8          =>
F10_8 . . . . . . . . . . . . . . . . . . . . . . . . . . . .
09  Return to the interview  . . . . . . . . . . . . . . . .   9          =>
F10_9 . . . . . . . . . . . . . . . . . . . . . . . . . . . .
```

118: F10_1
This evaluation study is being conducted by Ekos on behalf of the federal department, Health Canada.

```
01  OK, return to the help menu  . . . . . . . . . . . . . .   1          => F10
```

119: F10_2
All information you give will be protected under the provisions of the Privacy Act. The information collected will be used for research purposes only. The report that will be written will give aggregate totals only, and no comments will be attributed to any individual. If you wish to discuss this survey you may talk to my supervisor, or to the survey coordinator at Ekos, Janice Remai collect at (613) 235-7225.

01 OK, return to the help menu . . . . 1 => F10

120: F10_3
Your name was obtained from a list of clients of the Division of Aging and Seniors at Health Canada. Your name was selected at random for this study and this information was used to contact you. This information was released for research purposes only.

01 OK, return to the help menu . . . . 1 => F10

121: F10_4
This survey is part of research conducted by Health Canada. Interviews are being conducted with almost 300 people who have contacted or received services through the Division of Aging and Seniors. The results of the study will be used by the department to help evaluate the effectiveness of the government's programs for seniors and to improve the programs in the future.

01 OK, return to the help menu . . . . 1 => F10

122: F10_5
Some of the questions in this survey involve personal questions about you.The purpose of these questions is to fully understand how Canadians are affected by aging in all areas of their life. This information is protected by the Privacy Act and information reported will be given in aggregate totals only, no comments will be attributed to one individual.

INDIVIDUAL.

01 OK, return to help menu . . . . 1 => F10

123: F10_6
If you need more information, you may call the survey manager at Ekos, Janice Remai collect at (613) 235-7225. If you want more information about the federal government's seniors program, you may contact the Division of Aging and Senior at Health Canada at (613) 952-7606. If you would like more information about this evaluation study, you may call Linda Ladouceur collect at (613) 957-3897.
01 OK, return to help menu . . . . 1 => F10

124: F10_7
The information you provide will be stored in Personal Information Bank no. HC-002-085-9619. Should you wish to obtain information pertaining to this survey, you may submit a request under the Privacy Act or the Access to Information Act, to Health Canada, stating the specific information you would like, and the personal information bank in which it is stored. Instructions for obtaining this information are provided in the publication "Info Source".
01 OK, return to help menu . . . . 1 => F10

125: F10_8
The Division of Aging and Seniors provides funding for programs and research to address issues around aging and seniors. There were three funding programs until 1995: New Horizons, Ventures in Independence and Seniors Independence Program. These programs were combined in 1995 to form New Horizons:Partners in Aging. The objective of the Division is the improve the health, independence and well-being of seniors in Canada.
01 OK, return to help menu . . . . 1 => F10

126: F10_9
TYPE "ENTER" TO CONTINUE THE INTERVIEW

APPENDIX F
SURVEY MARGINALS

First, I'd like to confirm our information. According to our records, in the past five years, you participated in a federally funded project or received a service called <proj > through the <spon >. Is that correct?

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti-red	Home-maker	Employed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
INTR3																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Yes	99%	99%	96%	100%	99%	100%	100%	100%	100%	98%	100%	100%	99%	99%	99%	100%	99%	99%
									+	--								
No	1%	1%	4%	0%	1%	0%	0%	0%	0%	2%	0%	0%	1%	1%	1%	0%	1%	1%
									-	++								
Chi²:		-			-				-			-					-	
Cramer's V:		0.082			0.048				0.091			0.067					0.011	
Gamma:		0.701			-0.547				0.610			-0.278					0.143	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
INTR3													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Yes	99%	96%	99%	100%	100%	100%	100%	99%	99%	100%	99%	100%	100%

No	1%	4%	1%	0%	0%	0%	0%	1%	1%	0%	1%	0%	0%
		++++											
Chi²:		(.01)					-				-		
Cramer's V:		0.16908					0.04038				0.03627		
Gamma:		-0.93169					-0.09424				-0.43633		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

DAS - Beneficiaries 96/09/04

Your name was provided to us by <head > from the <spon >. Do you remember participating in this activity or receiving this service?

	Total	Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
		Reti-red	Home-maker	Employed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
OFFER																		
Unweighted n:	5	4	1	0	3	2	0	0	1	4	0	1	1	1	1	0	1	4
Yes	80%	75%	100%	0%	100%	50%	0%	0%	0%	100%	0%	0%	100%	100%	100%	0%	100%	75%
No	20%	25%	0%	0%	0%	50%	0%	0%	100%	0%	0%	100%	0%	0%	0%	0%	0%	25%
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		-			-				(.05)			-					-	
Cramer's V:		0.250			0.612				1.000			1.000					0.250	
Gamma:		-1.000			1.000				-1.000			-1.000					1.000	
±...points around 50%:	44	49	98	*	57	69	*	*	98	49	*	98	98	98	98	*	98	49

	Total	Region					Program				Health re others yr Age		
		Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
OFFER													
Unweighted n:	5	3	1	0	1	0	0	3	2	0	3	2	0
Yes	80%	100%	100%	0%	0%	0%	0%	100%	50%	0%	100%	50%	0%
No	20%	0%	0%	0%	100%	0%	0%	0%	50%	0%	0%	50%	0%
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		(.10)									-		
Cramer's V:		1.00000					0.61237				0.61237		
Gamma:		1.00000					1.00000				1.00000		
±...points around 50%:	44	57	98	*	98	*	*	57	69	*	57	69	*

What was the main activity or service you received?

	Total	Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
		Retired	Home-maker	Employed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
DESCP																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Physical activity, sport, fitness	13%	13%	23%	0%	17%	10%	7%	6%	13%	14%	13%	7%	10%	13%	19%	12%	20%	10%
					+++	-									++		+++	---
Heath-related services such as foot care	9%	9%	12%	0%	9%	11%	0%	11%	6%	11%	11%	9%	6%	14%	8%	7%	8%	9%
							-		--									
Social activities	37%	38%	23%	0%	34%	44%	33%	11%	39%	33%	35%	37%	41%	40%	36%	32%	35%	37%
		++				+++		---										
Meals/meal preparation	7%	7%	8%	0%	4%	8%	7%	14%	2%	11%	7%	16%	12%	5%	3%	2%	5%	7%
					--			+	----	++++		+++	++		-	---		
Educational services, information sessions	29%	29%	15%	75%	32%	20%	47%	40%	34%	25%	25%	26%	21%	20%	33%	41%	29%	28%
					+	----	++		++	-			-	-		++++		
Received booklet or publication	2%	1%	4%	25%	1%	2%	0%	6%	3%	1%	0%	0%	6%	1%	0%	2%	1%	2%
		--						++	++				++++					
Cultural activities	2%	2%	0%	0%	1%	1%	7%	3%	1%	2%	2%	0%	2%	1%	1%	2%	1%	2%
							++											
Community activities	1%	1%	4%	0%	0%	1%	0%	3%	1%	1%	0%	0%	0%	5%	0%	0%	0%	1%
														++++				
Other	1%	1%	4%	0%	1%	2%	0%	3%	1%	1%	4%	2%	2%	0%	1%	1%	1%	2%
											+							
DK/NR	1%	1%	8%	0%	1%	1%	0%	3%	0%	1%	4%	2%	0%	1%	0%	2%	1%	1%
		----									+							
Chi²:		(.01)			(.01)				(.01)			(.01)					(.10)	
Cramer's V:		0.202			0.185				0.183			0.206					0.169	
Gamma:		0.089			0.142				-0.050			0.036					0.167	
±..points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

What was the main activity or service you received?

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
DESCP													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Physical activity, sport, fitness	13%	26%	6%	16%	11%	2%	22%	17%	6%	0%	13%	14%	9%
		++++	--	+		--	++	+++	---				
Heath-related services such as foot care	9%	4%	15%	12%	4%	7%	6%	3%	13%	36%	7%	12%	14%
			++	+	--			----	++		--	+	
Social activities	37%	34%	40%	30%	44%	33%	30%	44%	31%	5%	37%	33%	54%
				--	++			++++	-				++
Meals/meal preparation	7%	1%	19%	8%	1%	0%	0%	11%	1%	0%	5%	9%	3%
		-	++++		----	-	-	++++	----		-		
Educational services, information sessions	29%	28%	11%	27%	35%	52%	40%	17%	44%	50%	32%	27%	14%
			----		++	++++	+	----	++++		+		-
Received booklet or publication	2%	1%	1%	1%	3%	4%	0%	3%	1%	0%	1%	2%	3%
								++					
Cultural activities	2%	3%	4%	2%	0%	0%	0%	3%	0%	0%	2%	1%	0%
			++		-			+++	--				
Community activities	1%	0%	0%	2%	0%	0%	0%	0%	1%	9%	1%	0%	0%
				+++									
Other	1%	1%	2%	1%	1%	2%	0%	1%	2%	0%	1%	1%	0%
DK/NR	1%	0%	1%	1%	2%	0%	2%	1%	2%	0%	1%	0%	3%
Chi²:		(.01)					(.01)				-		
Cramer's V:		0.23456					0.31167				0.14591		
Gamma:		0.15390					0.15416				-0.10802		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

Did the services/activities help you maintain or improve your health, well-being and/or independence in any way?

	Total	Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
		Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
HEATH																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Yes	74%	75%	69%	50%	73%	75%	80%	77%	74%	74%	84%	88%	72%	74%	84%	74%	76%	73%
											+	++			++			
No	23%	22%	23%	50%	24%	22%	17%	20%	22%	24%	15%	9%	26%	21%	15%	23%	22%	23%
												--			--			
DK/NR	3%	3%	8%	0%	3%	3%	3%	3%	4%	2%	2%	2%	2%	5%	1%	3%	2%	3%
Chi²:		-			-				-			-					-	
Cramer's V:		0.058			0.034				0.055			0.107					0.034	
Gamma:		0.202			-0.078				-0.081			0.039					0.069	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

	Total	Region					Program				Health re others yr Age		
		Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
HEATH													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Yes	74%	75%	69%	79%	72%	72%	76%	72%	75%	77%	73%	77%	69%
				++									
No	23%	18%	28%	19%	25%	26%	22%	26%	19%	23%	24%	21%	20%
								+					
DK/NR	3%	7%	3%	2%	3%	2%	2%	2%	5%	0%	3%	2%	11%
		++							++				+++
Chi²:		-					-				(.05)		
Cramer's V:		0.09741					0.07463				0.09397		
Gamma:		0.00383					-0.03043				-0.03019		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

In what way?

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
TYPE																		
Unweighted n:	410	389	18	2	196	163	24	27	168	188	46	38	62	59	87	95	129	281
Became/remained mentall	4%	4%	0%	50%	4%	4%	4%	11%	6%	2%	7%	3%	3%	2%	3%	5%	5%	4%
y active										-								
Improved physical healt	14%	14%	28%	0%	17%	12%	13%	7%	13%	14%	20%	13%	15%	17%	13%	14%	21%	11%
h					+												+++	---
Improved mental well-be	66%	67%	39%	0%	61%	71%	67%	67%	66%	69%	52%	61%	66%	64%	66%	66%	59%	69%
ing/social interaction					--	+					--						-	+
Recieved some education	14%	13%	33%	50%	16%	10%	17%	15%	13%	13%	15%	24%	15%	14%	15%	15%	14%	14%
(re. housing, health,												+						
Other	1%	1%	0%	0%	1%	2%	0%	0%	1%	1%	4%	0%	0%	2%	2%	0%	0%	2%
											++							
DK/NR	1%	1%	0%	0%	2%	1%	0%	0%	2%	1%	2%	0%	2%	2%	1%	0%	1%	1%
Chi²:		(.01)			-				-			-					(.10)	
Cramer's V:		0.174			0.099				0.124			0.087					0.162	
Gamma:		0.077			0.000				0.011			-0.055					0.212	
±...points around 50%:	5	5	23	69	7	8	20	19	8	7	14	16	12	13	11	10	9	6

; - Beneficiaries
n what way?

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
YPE													
Unweighted n:	410	51	68	149	109	33	38	215	129	17	222	161	24
ecame/remained mentall	4%	8%	4%	4%	3%	3%	5%	5%	4%	0%	6%	2%	0%
' active											++	-	
mproved physical healt	14%	29%	7%	17%	12%	0%	8%	17%	14%	6%	16%	12%	13%
'		++++	-			--							
mproved mental well-be	66%	45%	74%	62%	73%	73%	66%	67%	60%	76%	63%	68%	75%
ng/social interaction		----			++				-				
ecieved some education	14%	14%	9%	15%	12%	21%	21%	8%	22%	18%	13%	15%	13%
re. housing, health,..								----	+++				
)ther	1%	0%	4%	1%	0%	0%	0%	2%	1%	0%	1%	2%	0%
			+++										
K/NR	1%	4%	1%	1%	0%	3%	0%	2%	0%	0%	1%	1%	0%
		+											
Chi^2:		(.01)					(.10)				-		
Cramer's V:		0.15827					0.13675				0.10710		
Gamma:		0.12393					0.10343				0.16948		
±...points around 50%:	5	14	12	8	9	17	16	7	9	24	7	8	20

Do you know of any programs or projects in the community that offered similar activities/services as those under the <proj >?

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
ALTEN																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Yes	24%	24%	31%	0%	26%	23%	27%	17%	28%	23%	15%	19%	24%	23%	28%	27%	26%	23%
											-							
No	73%	74%	65%	100%	71%	75%	70%	83%	70%	75%	82%	81%	72%	75%	69%	71%	72%	74%
DK/NR	2%	2%	4%	0%	3%	2%	3%	0%	2%	3%	4%	0%	3%	3%	3%	2%	2%	3%
Chi²:		-			-				-			-					-	
Cramer's V:		0.047			0.052				0.070			0.070					0.042	
Gamma:		-0.038			0.065				0.187			-0.086					0.094	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
ALTEN													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Yes	24%	26%	26%	28%	16%	28%	16%	23%	30%	27%	28%	17%	31%
					---				++		++	---	
No	73%	72%	71%	69%	82%	72%	84%	76%	65%	68%	70%	80%	66%
					+++		+		---		-	++	
DK/NR	2%	1%	3%	3%	3%	0%	0%	1%	5%	5%	2%	3%	3%
								--	+++				
Chi²:		-					(.05)				(.05)		
Cramer's V:		0.09466					0.12369				0.09614		
Gamma:		0.09099					-0.10346				0.19017		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

Do you now participate in these programs or projects with similar activities/services?

	Total	Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
		Reti-red	Home-maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
NEW																		
Unweighted n:	148	138	9	0	77	55	10	6	67	66	10	8	24	20	32	38	48	100
Yes	47%	48%	33%	0%	47%	44%	70%	50%	48%	50%	50%	50%	29%	50%	56%	47%	50%	46%
No	52%	51%	67%	0%	52%	56%	30%	50%	51%	50%	50%	50%	71%	50%	44%	50%	48%	54%
DK/NR	1%	1%	0%	0%	1%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	3% +	2%	0%
Chi²:		-			-				-			-					-	
Cramer's V:		0.075			0.106				0.064			0.164					0.128	
Gamma:		0.282			-0.078				-0.052			-0.106					0.056	
±...points around 50%:	8	8	33	*	11	13	31	40	12	12	31	35	20	22	17	16	14	10

	Total	Region					Program				Health re others yr Age		
		Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
NEW													
Unweighted n:	148	19	29	58	29	13	8	71	61	7	91	43	12
Yes	47%	42%	52%	50%	45%	38%	75%	37% --	56% +	57%	51%	42%	42%
No	52%	58%	48%	50%	52%	62%	25%	63% +++	43% -	43%	49%	56%	58%
DK/NR	1%	0%	0%	0%	3%	0%	0%	0%	2%	0%	0%	2%	0%
Chi²:		-					-				-		
Cramer's V:		0.13190					0.17981				0.10590		
Gamma:		0.05683					-0.17127				0.16940		
±...points around 50%:	8	22	18	13	18	27	35	12	13	37	10	15	28

Do you now participate in any other programs or receive any other services specifically for seniors?

	Total	Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
		Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
OTHER																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Yes	30%	30%	50%	0%	26% --	32%	47% ++	37%	30%	30%	35%	37%	31%	33%	36%	30%	27%	32%
No	69%	70%	50%	100%	73% +	68%	53% --	63%	70%	69%	65%	63%	69%	68%	63%	70%	72%	68%
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1% ++	0%	1%	0%
Chi²:		-			-				-			-					-	
Cramer's V:		0.077			0.084				0.038			0.073					0.079	
Gamma:		-0.279			-0.189				-0.025			0.044					-0.123	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

	Total	Region					Program				Health re others yr Age		
		Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
OTHER													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Yes	30%	35%	32%	27%	30%	35%	28%	27% -	38% +++	27%	31%	29%	34%
No	69%	65%	68%	73%	70%	65%	72%	73% +	62% --	73%	68%	71%	66%
DK/NR	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		-					-				-		
Cramer's V:		0.06712					0.08271				0.03506		
Gamma:		0.03230					-0.16304				0.01505		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

5 - Beneficiaries
What kinds of seniors services or programs?

	Total	Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
		Reti-red	Home-maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
INDS																		
Unweighted n:	170	157	13	0	72	70	15	13	69	79	19	16	27	26	38	39	47	123
ssistance with housewo	13%	13%	15%	0%	13%	9%	33%	15%	12%	14%	11%	0%	11%	19%	5%	18%	13%	13%
k																		
lelp with meals	11%	10%	23%	0%	14%	6%	20%	8%	12%	8%	16%	25%	7%	0%	3%	18%	11%	11%
						-									-	+		
ransportation	10%	10%	8%	0%	10%	9%	27%	0%	10%	9%	11%	6%	11%	4%	5%	13%	15%	8%
ocial activities/club/	59%	58%	77%	0%	57%	61%	60%	62%	59%	57%	68%	94%	74%	50%	50%	46%	47%	64%
lrop-in centre																-	--	++
itness/sport	21%	20%	31%	0%	24%	20%	20%	15%	22%	18%	32%	19%	22%	4%	32%	23%	15%	24%
															+			
lealth services	18%	17%	23%	0%	18%	19%	27%	0%	17%	13%	32%	6%	26%	12%	16%	13%	13%	20%
pecial skills services	8%	8%	15%	0%	10%	7%	13%	0%	7%	6%	21%	0%	11%	4%	8%	10%	6%	9%
ocial services	15%	15%	23%	0%	10%	16%	40%	15%	14%	15%	11%	6%	15%	8%	11%	21%	6%	19%
					-												--	++
ducation/ information	29%	28%	38%	0%	31%	23%	33%	46%	39%	20%	26%	6%	22%	27%	24%	49%	26%	30%
ervices/programs									++	--						+++		
espite care/assistance	6%	7%	0%	0%	6%	10%	0%	0%	4%	6%	11%	6%	4%	12%	5%	5%	6%	7%
to caregivers																		
ome care	8%	9%	0%	0%	10%	9%	7%	0%	4%	10%	11%	13%	7%	4%	8%	8%	13%	7%
rovide some service(s)	1%	1%	0%	0%	1%	0%	0%	0%	0%	1%	0%	0%	0%	0%	3%	0%	2%	0%
o community															+			
ther (specify)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
K/NR	1%	1%	0%	0%	1%	0%	0%	0%	0%	1%	0%	0%	0%	0%	3%	0%	2%	0%
															+			
Chi²:		-			-				-			-					-	
Cramer's V:		0.216			0.272				0.248			0.315					0.308	
Gamma:		-0.089			-0.027				0.001			0.094					0.000	
±...points around 50%:	8	8	27	*	12	12	25	27	12	11	22	25	19	19	16	16	14	9

at kinds of seniors services or programs?

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
NDS													
Unweighted n:	170	24	32	51	47	16	14	81	66	6	97	61	12
sistance with housewo	13%	13%	19%	12%	13%	6%	14%	11%	17%	0%	13%	10%	25%
lp with meals	11%	13%	19%	10%	6%	6%	14%	10%	12%	0%	8%	15%	8%
			+										
ansportation	10%	17%	9%	8%	13%	0%	14%	6%	14%	0%	9%	13%	0%
cial activities/club/	59%	54%	66%	63%	53%	63%	86%	68%	48%	17%	53%	74%	42%
op-in centre								++	--		--	+++	
tness/sport	21%	21%	19%	29%	15%	19%	36%	20%	23%	0%	23%	21%	8%
				+									
alth services	18%	21%	16%	12%	28%	6%	14%	16%	21%	17%	15%	21%	17%
					++								
ecial skills services	8%	13%	16%	6%	6%	0%	7%	9%	8%	17%	8%	10%	0%
			+										
cial services	15%	13%	25%	14%	15%	6%	7%	10%	23%	17%	13%	20%	8%
			+						++				
ucation/ information	29%	29%	19%	18%	47%	31%	14%	30%	30%	50%	34%	21%	25%
rvices/programs				--	+++						+		
spite care/assistance	6%	13%	9%	6%	2%	6%	7%	6%	8%	0%	8%	3%	8%
o caregivers													
me care	8%	13%	13%	10%	4%	0%	7%	6%	12%	0%	7%	5%	33%
ovide some service(s)	1%	0%	3%	0%	0%	0%	0%	0%	2%	0%	0%	2%	0%
community			++										
her (specify)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
/NR	1%	0%	0%	0%	2%	0%	0%	1%	0%	0%	1%	0%	0%
Chi²:		-					-				-		
Cramer's V:		0.26083					0.23314				0.29393		
Gamma:		0.02357					0.11737				-0.07242		
...points around 50%:	8	20	17	14	14	25	26	11	12	40	10	13	28

Do you receive any assistance (e.g., around the house, in getting around) from your family and friends?

IF YES - Probe for "a lot" of assistance or "some" assistance

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
FAMIL																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Yes, lots	10%	9%	4%	25%	7%	13%	10%	3%	7%	13%	5%	12%	5%	14%	9%	6%	8%	10%
					-	++			--	++			-					
Yes, some	13%	13%	12%	0%	10%	16%	17%	20%	13%	14%	11%	16%	19%	16%	9%	9%	8%	15%
					--											-	--	++
No	76%	77%	81%	75%	82%	70%	73%	74%	81%	72%	82%	67%	77%	70%	82%	84%	83%	74%
					+++	---			+	--						++	++	--
DK/NR	1%	1%	4%	0%	0%	1%	0%	3%	0%	1%	2%	5%	0%	0%	1%	1%	1%	1%
									-			+++						
Chi²:		-			(.10)				(.10)			(.05)					(.10)	
Cramer's V:		0.075			0.098				0.101			0.130					0.117	
Gamma:		0.223			-0.180				-0.061			0.162					-0.274	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
AMIL													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
es, lots	10%	7%	12%	13%	7%	2%	4%	8%	12%	18%	7%	10%	26%
				+		-					---		++++
es, some	13%	16%	7%	10%	16%	26%	16%	11%	16%	9%	11%	17%	11%
			--			+++					-	++	
o	76%	76%	81%	76%	77%	67%	80%	79%	72%	73%	82%	72%	63%
									-		+++	--	--
K/NR	1%	0%	0%	1%	0%	4%	0%	1%	1%	0%	1%	0%	0%
						+++							
Chi²:		(.01)					-				(.01)		
Cramer's V:		0.13317					0.07257				0.13443		
Gamma:		-0.01299					-0.16458				-0.30166		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

; - Beneficiaries

96/09/04

low would you rate the availability of support that could be provided by your family, friends and/or neighbours if you needed it? Would you say....

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
.FSUP																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
lore than I do or would need	14%	13%	23%	0%	14%	14%	17%	9%	17%	14%	4%	9%	8%	15%	12%	23%	16%	13%
											--		-			++++		
s much as I need	60%	60%	62%	100%	61%	62%	53%	49%	65%	59%	55%	56%	67%	60%	62%	59%	63%	59%
									+									
ess than I do or would need	19%	19%	8%	0%	17%	17%	17%	40%	14%	19%	31%	30%	17%	16%	21%	15%	14%	21%
								++++	--		++	++					--	++
K/NR	7%	7%	8%	0%	7%	7%	13%	3%	4%	8%	11%	5%	7%	9%	6%	2%	7%	7%
									--							--		
Chi²:		-			-				(.01)			(.10)					-	
Cramer's V:		0.075			0.091				0.132			0.125					0.096	
Gamma:		-0.273			0.080				0.263			-0.193					0.148	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
.FSUP													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
lore than I do or would need	14%	12%	15%	12%	16%	13%	16%	11%	18%	14%	15%	13%	6%
								-	+				
s much as I need	60%	60%	53%	65%	59%	61%	46%	64%	61%	41%	63%	55%	66%
			-	+			--	+				-	
ess than I do or would need	19%	24%	19%	16%	20%	20%	30%	17%	16%	32%	16%	22%	26%
							++				-		
K/NR	7%	4%	13%	6%	5%	7%	8%	7%	5%	14%	6%	10%	3%
			+++									+	
Chi²:		-					(.10)				-		
Cramer's V:		0.08661					0.09873				0.09665		
Gamma:		-0.06153					-0.08975				0.15937		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

Would you agree, disagree or neither agree nor disagree with the following statement: "I have someone in my life whom I do things with and can confide in".

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
DOTHI																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Agree	85%	85%	73%	100%	93%	75%	83%	89%	91%	82%	76%	72%	77%	85%	90%	91%	87%	84%
					++++	----			+++		-	--	--		+	++		
Neither agree nor disag ree	4%	4%	0%	0%	2%	6%	7%	0%	2%	5%	2%	2%	2%	8%	3%	3%	3%	4%
					-	++				+				+				
)isagree	10%	10%	27%	0%	4%	19%	10%	11%	7%	11%	22%	26%	21%	8%	7%	5%	9%	11%
		--			----	++++			--		+++	++++	++++			--		
)K/NR	1%	1%	0%	0%	1%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	1%	1%
									-									
Chi²:		-			(.01)				(.01)			(.01)					-	
Cramer's V:		0.092			0.153				0.131			0.180					0.059	
Gamma:		0.287			0.395				0.337			-0.365					0.110	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

- Beneficiaries

96/09/04

ould you agree, disagree or neither agree nor disagree with the following statement: "I have someone in my life whom I do things with and can confide
i".

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
THI													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
ree	85%	88%	79%	89%	86%	76%	68%	85%	90%	86%	87%	84%	71%
			-	+		-	----		++				--
ither agree nor disag e	4%	3%	4%	3%	5%	4%	2%	4%	4%	0%	3%	5%	6%
sagree	10%	9%	16%	8%	9%	17%	28%	10%	5%	14%	10%	9%	23%
			++				++++		---				++
/NR	1%	0%	1%	1%	1%	2%	2%	1%	1%	0%	0%	1%	0%
Chi²:		-					(.01)				(.10)		
Cramer's V:		0.08506					0.12221				0.10137		
Gamma:		0.03555					-0.32131				0.17976		
...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

What are the two biggest issues currently threatening the health, well being and independence of Canadian seniors today? Please start by giving me the one you consider most important.

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
ISSUP																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Health Care	37%	38%	27%	0%	39%	35%	47%	29%	39%	39%	25%	23%	34%	41%	45%	47%	41%	36%
											-	-			+	+++		
Income security/finances/pension	26%	26%	31%	25%	23%	26%	43%	34%	29%	25%	20%	26%	19%	24%	33%	31%	27%	25%
					-		++						-		+			
Transportation	6%	6%	8%	0%	6%	8%	3%	3%	7%	6%	4%	14%	7%	8%	6%	5%	2%	8%
												++					---	+++
Need for social interaction/loneliness	18%	18%	19%	0%	17%	20%	30%	14%	20%	19%	15%	21%	21%	18%	13%	21%	16%	19%
							+								-			
government cutbacks (not specified)	19%	19%	12%	50%	24%	15%	10%	17%	15%	22%	25%	7%	22%	15%	23%	21%	24%	17%
					+++	-			--			--					+	-
home care (visiting, cleaning, etc.)	7%	7%	12%	0%	7%	8%	3%	6%	7%	8%	7%	12%	9%	6%	7%	5%	2%	9%
																	---	+++
housing	6%	6%	8%	0%	7%	6%	3%	9%	8%	6%	2%	0%	12%	4%	4%	7%	3%	8%
												-	++				--	++
negative attitudes towards seniors (ageism)	4%	4%	0%	0%	3%	4%	3%	6%	4%	4%	5%	2%	3%	5%	3%	5%	4%	4%
chronic illness (arthritis, osteoporosis, alz)	7%	7%	8%	0%	9%	6%	3%	9%	7%	9%	2%	19%	5%	8%	5%	8%	9%	7%
												+++						
lack of facilities for seniors (nursing homes)	2%	2%	4%	0%	3%	2%	3%	0%	3%	1%	2%	0%	0%	1%	2%	3%	1%	3%
violence, crime, abuse (physical,mental,financ	4%	4%	0%	0%	3%	3%	7%	9%	4%	4%	0%	0%	2%	4%	5%	3%	4%	3%
drugs/alcohol abuse	2%	2%	0%	0%	1%	1%	3%	6%	1%	2%	2%	5%	1%	1%	1%	2%	3%	1%
								++										
second hand smoke; environment	2%	2%	4%	0%	2%	2%	7%	0%	1%	3%	4%	2%	3%	1%	3%	2%	3%	2%
							+											

Beneficiaries
are the two biggest issues currently threatening the health, well being and independence of Canadian seniors today? Please start by giving me the
you consider most important.

	Total	Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
		Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
er	2%	2%	4%	0%	2%	1%	0%	3%	1%	3%	0%	0%	3%	1%	2%	2%	2%	2%
NR	14%	13%	12%	75%	14%	16%	7%	9%	12%	11%	24%	16%	16%	14%	12%	6%	12%	14%
											++					---		
Chi²:		-			-				-			-					(.01)	
Cramer's V:		0.146			0.156				0.169			0.190					0.239	
Gamma:		0.101			-0.029				0.066			-0.097					0.044	
..points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

What are the two biggest issues currently threatening the health, well being and independence of Canadian seniors today? Please start by giving me the one you consider most important.

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
ISSUP													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Health Care	37%	37%	31%	36%	46%	26%	28%	38%	39%	45%	36%	37%	46%
					+++								
Income security/finances/pension	26%	19%	31%	25%	26%	26%	26%	26%	24%	23%	25%	26%	31%
Transportation	6%	9%	2%	9%	5%	7%	8%	5%	9%	0%	7%	5%	6%
			-	+					++				
Need for social interaction/loneliness	18%	26%	33%	11%	13%	24%	22%	19%	15%	5%	20%	17%	14%
		+	++++	----	--								
government cutbacks (not specified)	19%	19%	16%	23%	19%	9%	10%	20%	19%	41%	18%	21%	11%
				+		-	-						
home care (visiting, cleaning, etc.)	7%	6%	4%	7%	10%	4%	8%	5%	11%	5%	7%	6%	9%
								--	++				
housing	6%	6%	3%	6%	9%	4%	8%	5%	9%	9%	6%	6%	14%
					+			-					++
negative attitudes towards seniors (ageism)	4%	3%	5%	4%	3%	2%	6%	2%	6%	5%	5%	2%	6%
								---	++			-	
chronic illness (arthritis, osteoporosis, alz)	7%	10%	3%	5%	11%	9%	6%	6%	9%	14%	7%	8%	6%
			-		+								
lack of facilities for seniors (nursing homes)	2%	3%	1%	3%	1%	2%	6%	2%	1%	5%	2%	1%	9%
							+						+++
volience, crime, abuse (physical,mental,financ	4%	6%	2%	3%	3%	7%	6%	5%	1%	0%	4%	3%	0%
								+	--				
drugs/alcohol abuse	2%	0%	3%	1%	1%	4%	8%	0%	2%	0%	2%	1%	0%
							++++	---					
second hand smoke; environment	2%	0%	5%	2%	1%	2%	6%	1%	3%	0%	3%	2%	0%
			++				+						

What are the two biggest issues currently threatening the health, well being and independence of Canadian seniors today? Please start by giving me the one you consider most important.

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Other	2%	1%	1%	2%	1%	7%	0%	2%	2%	5%	2%	1%	3%
						++							
DK/NR	14%	15%	12%	13%	12%	24%	10%	17%	11%	5%	13%	16%	11%
						++		++					
Chi²:		(.01)					(.01)				-		
Cramer's V:		0.19480					0.22012				0.15664		
Gamma:		0.01314					-0.02192				-0.02858		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

DAS - Beneficiaries 96/09/04

In the area of aging and seniors issues overall, who do you think should have PRIMARY responsibility. Should it be...

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
RESP																		
Unweighted n:	528	497	25	4	258	208	27	35	217	240	55	41	84	74	96	123	162	366
Government	44%	43%	44%	50%	40%	49%	22%	54%	36%	44%	71%	49%	56%	43%	42%	37%	43%	44%
						+			---		++++		++			-		
Non-profit or voluntary organizations	9%	9%	4%	0%	10%	7%	7%	6%	11%	8%	5%	2%	11%	9%	8%	11%	10%	8%
Individuals in general	17%	17%	12%	25%	18%	13%	30%	20%	18%	18%	9%	24%	6%	19%	24%	17%	16%	17%
						-							---		++			
Seniors	26%	26%	24%	25%	27%	24%	41%	17%	29%	25%	13%	24%	24%	22%	23%	32%	26%	25%
											--					+		
Other	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
DK/NR	5%	5%	16%	0%	5%	8%	0%	3%	6%	5%	2%	0%	4%	7%	3%	3%	4%	6%
		-				+												
Chi²:		-			(.10)				(.01)			(.10)					-	
Cramer's V:		0.082			0.113				0.149			0.119					0.053	
Gamma:		0.085			-0.043				-0.212			0.123					0.018	
±...points around 50%:	4	4	20	49	6	7	19	17	7	6	13	15	11	11	10	9	8	5

DAS - Beneficiaries 96/09/04

In the area of aging and seniors issues overall, who do you think should have PRIMARY responsibility. Should it be...

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
RESP													
Unweighted n:	528	64	92	179	149	44	47	285	163	21	288	205	32
Government	44%	45%	43%	44%	45%	36%	55%	44%	39%	62%	38%	49%	56%
							+				---	++	
Non-profit or voluntary organizations	9%	8%	9%	8%	10%	7%	9%	8%	12%	0%	9%	9%	3%
Individuals in general	17%	23%	14%	18%	10%	27%	15%	17%	17%	10%	20%	15%	3%
					--	++					++		--
Seniors	26%	20%	29%	23%	28%	27%	17%	26%	28%	14%	28%	21%	28%
												-	
Other	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
DK/NR	5%	3%	4%	6%	7%	2%	4%	6%	4%	14%	5%	6%	9%
Chi²:		-					-				(.10)		
Cramer's V:		0.08463					0.09826				0.12013		
Gamma:		0.03439					0.06069				-0.13706		
±...points around 50%:	4	12	10	7	8	15	14	6	8	21	6	7	17

What level of government should have primary responsibility for aging and seniors issues?

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti-red	Home-maker	Employed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
LEVEL																		
Unweighted n:	223	209	11	2	101	99	5	18	75	102	39	20	46	31	40	42	69	154
Federal	49%	50%	36%	100%	52%	47%	20%	50%	51%	50%	49%	35%	48%	45%	55%	64%	58%	45%
																++	+	-
Provincial	28%	28%	36%	0%	29%	28%	0%	33%	28%	29%	23%	20%	28%	39%	30%	26%	30%	27%
Local/municipal	10%	9%	27%	0%	10%	9%	20%	11%	11%	10%	10%	30%	15%	6%	8%	5%	3%	13%
																	--	++
DK/NR	13%	13%	0%	0%	9%	15%	60%	6%	11%	11%	18%	15%	9%	10%	8%	5%	9%	14%
																-		
Chi²:		-			-				-			-					.05	
Cramer's V:		0.134			0.148				0.065			0.173					0.187	
Gamma:		-0.004			0.116				0.043			-0.249					0.266	
±...points around 50%:	7	7	30	69	10	10	44	23	11	10	16	22	14	18	15	15	12	8

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
LEVEL													
Unweighted n:	223	29	38	76	65	15	24	123	60	12	104	99	18
Federal	49%	55%	32%	50%	55%	53%	42%	48%	50%	75%	51%	51%	39%
			--										
Provincial	28%	21%	34%	24%	31%	40%	33%	30%	27%	8%	26%	28%	39%
Local/municipal	10%	14%	8%	16%	5%	0%	13%	7%	15%	8%	12%	9%	6%
				++	-								
DK/NR	13%	10%	26%	11%	9%	7%	13%	15%	8%	8%	12%	12%	17%
			+++										
Chi²:		(.10)					-				-		
Cramer's V:		0.17008					0.11076				0.07375		
Gamma:		-0.15083					0.11489				0.03904		
±...points around 50%:	7	18	16	11	12	25	20	9	13	28	10	10	23

DAS - Beneficiaries

96/09/04

Overall, in the area of aging and seniors issues, what would you like to see the federal government do in the future for ALL Canadian seniors. Would you say....

	Total	Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
		Reti-red	Home-maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
																		*
INVOL																		
Unweighted n:	530	501	24	2	257	208	30	35	219	241	54	41	80	74	100	127	166	364
Increase its level of support	33%	33%	29%	50%	33%	34%	20%	40%	25%	34%	59%	51%	39%	35%	29%	23%	30%	34%
									----		++++	+++				---		
Maintain its current level of support	63%	64%	54%	50%	63%	64%	73%	54%	69%	63%	35%	46%	56%	62%	66%	74%	66%	62%
									++		----	--				+++		
Reduce its level of support	2%	2%	8%	0%	2%	1%	3%	0%	4%	0%	2%	2%	0%	1%	3%	2%	2%	2%
									++	--								
Eliminate support	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
DK/NR	2%	2%	8%	0%	2%	1%	3%	6%	2%	2%	4%	0%	5%	1%	2%	1%	2%	2%
													++					
Chi²		(.10)			-				(.01)			(.05)					-	
Cramer's V:		0.105			0.072				0.174			0.134					0.048	
Gamma:		0.180			-0.007				-0.331			0.230					-0.082	
±...points around 50%:	4	4	20	69	6	7	18	17	7	6	13	15	11	11	10	9	8	5

Overall, in the area of aging and seniors issues, what would you like to see the federal government do in the future for ALL Canadian seniors. Would you say....

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
INVOL													
Unweighted n:	530	65	99	184	139	43	50	284	163	21	289	203	34
Increase its level of support	33%	38%	28%	34%	35%	23%	44%	30%	32%	57%	30%	35%	38%
							+	-					
Maintain its current level of support	63%	55%	69%	63%	61%	70%	54%	65%	64%	43%	65%	61%	62%
Reduce its level of support	2%	2%	1%	2%	2%	5%	2%	3%	1%	0%	2%	2%	0%
								+					
Eliminate support	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
DK/NR	2%	5%	2%	1%	2%	2%	0%	2%	3%	0%	3%	1%	0%
Chi²:		-					-				-		
Cramer's V:		0.07682					0.09553				0.06249		
Gamma:		0.03573					-0.02371				-0.13491		
±...points around 50%:	4	12	10	7	8	15	14	6	8	21	6	7	17

Overall, in the area of aging and seniors issues, what would you like to see the federal government do in the future for LOW INCOME Canadian seniors.
Would you say....

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
INV02																		
Unweighted n:	530	501	24	2	257	208	30	35	219	241	54	41	80	74	100	127	166	364
Increase its level of support	59%	59%	67%	50%	55%	61%	70%	74%	52%	62%	78%	76%	64%	59%	56%	58%	51%	63%
					-			+	---		+++	++					---	+++
Maintain its current level of support	37%	38%	25%	50%	42%	36%	30%	23%	43%	37%	19%	22%	35%	35%	42%	39%	46%	33%
					++			-	++		---	--					+++	---
Reduce its level of support	1%	0%	0%	0%	1%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	1%	0%	1%
Eliminate support	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
DK/NR	3%	2%	8%	0%	2%	3%	0%	3%	4%	1%	4%	2%	1%	5%	2%	2%	2%	3%
									+	--								
Chi²:		-			-				(.01)			-					(.05)	
Cramer's V:		0.066			0.073				0.134			0.096					0.133	
Gamma:		-0.079			-0.168				-0.268			0.115					-0.214	
±...points around 50%:	4	4	20	69	6	7	18	17	7	6	13	15	11	11	10	9	8	5

verall, in the area of aging and seniors issues, what would you like to see the federal government do in the future for LOW INCOME Canadian seniors.
ould you say....

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
NVO2													
Unweighted n:	530	65	99	184	139	43	50	284	163	21	289	203	34
ncrease its level of s pport	59%	63%	66%	57%	58%	56%	68%	59%	55%	71%	56%	63%	62%
aintain its current le el of support	37%	37%	31%	41%	36%	42%	28%	39%	41%	24%	40%	34%	35%
educe its level of sup ort	1%	0%	0%	1%	1%	0%	0%	0%	1%	5%	1%	0%	0%
liminate support	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
K/NR	3%	0%	3%	2%	5% ++	2%	4%	2%	3%	0%	3%	2%	3%
Chi²:		-					-				-		
Cramer's V:		0.08523					0.09062				0.05125		
Gamma:		0.09714					0.06940				-0.11953		
±...points around 50%:	4	12	10	7	8	15	14	6	8	21	6	7	17

Some people argue that those who can pay, should, and only low income seniors should receive government-supported services. Do you agree with this statement, disagree or neither agree nor disagree?

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti-red	Home-maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
LOWIN																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Agree	52%	52%	50%	25%	52%	53%	43%	51%	48%	56%	51%	53%	57%	55%	51%	45%	49%	53%
										+						-		
Neither agree nor disagree	16%	16%	15%	50%	13%	16%	27%	26%	16%	15%	22%	16%	16%	19%	20%	12%	13%	17%
							+	+										
Disagree	29%	30%	27%	25%	32%	27%	30%	23%	34%	25%	25%	26%	27%	23%	25%	41%	34%	27%
									++	-						++++		
DK/NR	3%	3%	8%	0%	3%	5%	0%	0%	2%	4%	2%	5%	0%	4%	4%	2%	5%	2%
						+							-					
Chi²:		-			-				-			-					-	
Cramer's V:		0.071			0.084				0.087			0.116					0.098	
Gamma:		0.080			-0.027				-0.091			0.123					-0.121	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

Some people argue that those who can pay, should, and only low income seniors should receive government-supported services. Do you agree with this statement, disagree or neither agree nor disagree?

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
LOWIN													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Agree	52%	60%	66%	48%	42%	59%	60%	52%	49%	59%	53%	51%	46%
			+++		---								
Neither agree nor disagree	16%	9%	12%	16%	21%	15%	10%	15%	18%	18%	17%	13%	17%
		-			++								
Disagree	29%	31%	20%	32%	32%	24%	30%	30%	30%	23%	28%	32%	29%
			--										
DK/NR	3%	0%	2%	4%	5%	2%	0%	3%	4%	0%	2%	4%	9%
											-		+
Chi²:		(.05)					-				-		
Cramer's V:		0.11608					0.06058				0.08427		
Gamma:		0.12736					0.04235				0.08524		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

The government will face a number of challanges as Canadians age. For all Canadians, should the government increase, mantain or reduce its support of.

..

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
PENS income security such as pensions and income tax credits																		
Unweighted n:	552	519	26	4	270	217	30	35	227	254	55	43	86	80	104	128	170	382
Increase support alot	14%	14%	12%	0%	16%	12%	3%	20%	10%	14%	25%	21%	12%	14%	12%	13%	13%	14%
							-		--		+++							
Increase support a little	25%	25%	12%	50%	23%	25%	40%	26%	22%	25%	33%	26%	27%	28%	20%	27%	22%	26%
							++											
Maintain support at the same level as now	57%	58%	58%	50%	57%	58%	57%	54%	65%	56%	33%	44%	60%	54%	64%	57%	59%	57%
									+++		----	-						
Reduce support a little	1%	1%	0%	0%	1%	1%	0%	0%	0%	1%	2%	0%	1%	0%	1%	0%	1%	1%
Reduce support a lot	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	1%	0%
																+		
DK/NR	3%	3%	19%	0%	3%	5%	0%	0%	2%	4%	7%	9%	0%	5%	3%	2%	4%	3%
		----							-			++	-					
Chi²:		(.01)			-				(.01)			-					-	
Cramer's V:		0.146			0.087				0.155			0.108					0.085	
Gamma:		0.313			-0.016				-0.176			0.032					-0.093	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5
Weighted n for mean:	533	505	21	4	261	207	30	35	223	244	51	39	86	76	101	125	163	370
Mean:	3.53	3.53	3.43	3.50	3.54	3.50	3.47	3.66	3.41	3.55	3.88	3.74	3.49	3.58	3.44	3.52	3.48	3.55
Std dev:	0.749	0.750	0.746	0.577	0.782	0.723	0.571	0.802	0.691	0.749	0.840	0.818	0.715	0.735	0.713	0.747	0.764	0.743
Student's t:	*	-	-	-	-	-	-	-	.01	-	.01	.10	-	-	-	-	-	-

The government will face a number of challanges as Canadians age. For all Canadians, should the government increase, mantain or reduce its support of.
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		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
PENS income security such as pensions and income tax credits													
Unweighted n:	552	68	99	188	152	45	50	297	171	22	304	209	35
Increase support alot	14%	19%	13%	15%	11%	11%	36%	11%	10%	32%	12%	15%	23%
							++++	-	-				
Increase support a little	25%	25%	27%	26%	26%	9%	16%	26%	25%	27%	27%	22%	23%
						--							
Maintain support at the same level as now	57%	50%	54%	57%	59%	71%	46%	58%	61%	36%	57%	59%	51%
						++	-						
Reduce support a little	1%	1%	0%	1%	1%	2%	0%	1%	1%	0%	1%	0%	0%
Reduce support a lot	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
		+++											
DK/NR	3%	3%	6%	2%	3%	7%	2%	4%	3%	5%	4%	3%	3%
				-									
Chi²:		-					(.01)				-		
Cramer's V:		0.10819					0.14318				0.07880		
Gamma:		0.11323					0.07786				-0.04857		
±...points around 50%:	4	12	10	7	8	15	14	6	7	21	6	7	17
Weighted n for mean:	533	66	93	185	147	42	49	285	166	21	293	203	34
Mean:	3.53	3.61	3.57	3.57	3.48	3.31	3.90	3.49	3.45	3.95	3.52	3.53	3.71
Std dev:	0.749	0.875	0.728	0.757	0.696	0.715	0.918	0.725	0.692	0.865	0.715	0.779	0.836
Student's t:	*	-	-	-	-	.05	.01	-	.10	.05	-	-	-

- Beneficiaries

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	Total	Employment Status Reti-red	Home-maker	Emplo yed	Maritial Status Marrd C.Law	Widow	Sngle	Seprt Divrc	Inc to meet Needs Affrd Extra	Few Extra	Barly needs	Household Income $10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	Gender M	F
BLH basic health care coverage																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Increase support alot	12%	12%	15%	0%	13%	10%	13%	20%	10%	9%	33%	23%	15%	6%	11%	9%	9%	14%
										--	++++	++		-				
Increase support a little	20%	20%	19%	25%	21%	21%	20%	9%	15%	24%	22%	28%	20%	21%	18%	20%	21%	20%
								-	--	++								
Maintain support at the same level as now	63%	64%	62%	75%	61%	66%	63%	69%	72%	62%	36%	47%	62%	65%	66%	70%	66%	62%
									++++		----	--				+		
Reduce support a little	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%	1%	0%	1%	0%	1%	0%
											+						++	--
Reduce support a lot	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	1%	0%
																+		
DK/NR	4%	3%	4%	0%	4%	3%	3%	3%	2%	4%	7%	2%	2%	8%	4%	1%	2%	4%
														++		-		
Chi²:		-			-				(.01)			-					(.05)	
Cramer's V:		0.033			0.070				0.207			0.122					0.146	
Gamma:		-0.030			0.013				-0.207			0.127					-0.070	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5
Weighted n for mean:	533	502	25	4	258	212	29	34	222	244	51	42	84	74	100	127	167	366
Mean:	3.45	3.45	3.52	3.25	3.47	3.42	3.48	3.50	3.35	3.44	3.92	3.76	3.50	3.36	3.40	3.35	3.37	3.49
Std dev:	0.720	0.721	0.770	0.500	0.739	0.680	0.738	0.826	0.674	0.667	0.913	0.821	0.768	0.610	0.696	0.673	0.690	0.732
Student's t:	*	-	-	-	-	-	-	-	.01	-	.01	.05	-	-	-	.10	.10	.10

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		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
PBLH basic health care coverage													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Increase support alot	12%	16%	9%	14%	14%	0%	22%	10%	12%	27%	12%	14%	6%
						---	++	-					
Increase support a litt	20%	32%	15%	18%	22%	17%	18%	21%	19%	23%	16%	25%	26%
le		+++									---	++	
Maintain support at the	63%	46%	71%	67%	59%	74%	56%	64%	65%	50%	68%	58%	63%
same level as now		---	+								++	--	
Reduce support a little	0%	0%	0%	0%	1%	2%	0%	1%	0%	0%	0%	0%	0%
						++							
Reduce support a lot	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
		+++											
DK/NR	4%	4%	5%	2%	4%	7%	4%	3%	4%	0%	4%	2%	6%
				-									
Chi²:		(.01)					-				-		
Cramer's V:		0.13138					0.09478				0.10755		
Gamma:		0.07763					-0.00792				-0.14094		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17
Weighted n for mean:	533	65	94	185	146	43	48	288	164	22	292	205	33
Mean:	3.45	3.65	3.35	3.46	3.51	3.16	3.65	3.41	3.45	3.77	3.40	3.53	3.39
Std dev:	0.720	0.818	0.651	0.730	0.745	0.433	0.838	0.693	0.712	0.869	0.699	0.764	0.609
Student's t:	*	.05	.10	-	-	.01	.10	-	-	.10	.10	.10	-

. - Beneficiaries

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		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
BENE extended health care benefits for rescription drugs																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
ncrease support alot	17%	18%	12%	0%	17%	17%	7%	29%	11%	18%	35%	30%	21%	23%	13%	10%	13%	19%
								+	---		++++	++				--	-	+
ncrease support a litte	23%	23%	23%	50%	23%	22%	23%	26%	22%	26%	18%	19%	20%	25%	28%	23%	25%	22%
aintain support at the same level as now	52%	52%	58%	50%	53%	52%	60%	46%	57%	51%	40%	49%	53%	50%	54%	53%	54%	52%
									+		-							
educe support a little	2%	2%	4%	0%	1%	2%	3%	0%	3%	1%	4%	2%	2%	0%	0%	5%	2%	2%
		-								-						+++		
educe support a lot	1%	1%	0%	0%	2%	0%	0%	0%	1%	1%	2%	0%	0%	3%	1%	2%	1%	1%
					+													
K/NR	4%	4%	4%	0%	3%	6%	7%	0%	7%	3%	2%	0%	3%	0%	5%	7%	5%	4%
						+			++	-				--		+		
Chi²:		-			-				(.01)			(.05)					-	
Cramer's V:		0.061			0.095				0.162			0.137					0.079	
Gamma:		0.089			0.004				-0.258			0.181					-0.099	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5
Weighted n for mean:	529	497	25	4	262	204	28	35	212	248	54	43	83	80	99	119	161	368
Mean:	3.56	3.57	3.44	3.50	3.55	3.56	3.36	3.83	3.41	3.62	3.81	3.77	3.61	3.65	3.54	3.39	3.49	3.59
Std dev:	0.84	0.85	0.77	0.58	0.87	0.83	0.68	0.86	0.79	0.83	1.03	0.92	0.85	0.92	0.76	0.81	0.80	0.86
Student's t:	*	-	-	-	-	-	-	.10	.01	-	.10	-	-	-	-	.01	-	-

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		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
:BENE extended health care benefits for prescription drugs													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Increase support alot	17%	22%	13%	16%	22%	9%	28%	14%	18%	27%	16%	18%	20%
					+		++	-					
Increase support a litt .e	23%	28%	19%	18%	32%	15%	12%	23%	27%	14%	20%	27%	26%
				--	+++		-				--	+	
laintain support at the same level as now	52%	47%	56%	59%	41%	65%	52%	55%	48%	45%	56%	49%	51%
				++	---	+							
Reduce support a little	2%	1%	3%	2%	1%	2%	0%	2%	1%	9%	2%	1%	0%
Reduce support a lot	1%	0%	4%	1%	0%	2%	2%	1%	1%	0%	1%	1%	0%
			+++										
K/NR	4%	1%	5%	5%	4%	7%	6%	3%	5%	5%	5%	3%	3%
Chi²:		(.01)					(.10)				-		
Cramer's V:		0.13152	-				0.12249				0.08304		
Gamma:		-0.02538					-0.05534				-0.13694		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17
Weighted n for mean:	529	67	94	179	146	43	47	288	162	21	288	203	34
Mean:	3.56	3.72	3.36	3.49	3.78	3.28	3.68	3.49	3.65	3.62	3.50	3.60	3.68
Std dev:	0.84	0.83	0.91	0.82	0.80	0.77	0.98	0.82	0.81	1.02	0.84	0.85	0.81
Student's t:	*	.10	.05	-	.01	.05	-	.05	.10	-	.10	-	-

; - Beneficiaries

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		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
NTER health care benefits for out-of-country care																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
ncrease support alot	7%	8%	4%	0%	9%	7%	3%	3%	5%	8%	15%	14%	6%	11%	2%	6%	9%	6%
									-		++	+			--			
ncrease support a litt e	14%	14%	8%	25%	14%	16%	3%	9%	10%	14%	27%	14%	17%	15%	17%	9%	12%	14%
							-		--		+++							
laintain support at the same level as now	50%	51%	58%	25%	50%	47%	63%	63%	56%	50%	31%	44%	45%	59%	53%	53%	52%	50%
									++		---							
:educe support a little	8%	8%	8%	25%	9%	7%	13%	6%	11%	7%	4%	12%	6%	5%	9%	12%	8%	9%
									+									
:educe support a lot	10%	10%	4%	0%	11%	9%	7%	11%	10%	11%	5%	7%	13%	6%	11%	13%	12%	9%
K/NR	10%	10%	19%	25%	8%	14%	10%	9%	8%	10%	18%	9%	13%	4%	9%	6%	6%	12%
					-	++					++			--		-	--	++
Chi²:		-			-				(.01)			-					-	
Cramer's V:		0.086			0.095				0.170			0.123					0.107	
Gamma:		0.169			0.074				-0.114			0.079					0.074	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5
Weighted n for mean:	496	469	21	3	249	188	27	32	209	230	45	39	75	77	95	120	159	337
Mean:	3.00	3.00	3.00	3.00	3.00	3.04	2.81	2.84	2.88	3.01	3.51	3.18	2.97	3.21	2.91	2.83	2.99	3.00
Std dev:	1.01	1.01	0.77	1.00	1.04	1.01	0.79	0.88	0.93	1.04	1.06	1.10	1.07	0.95	0.91	1.02	1.06	0.98
Student's t:	*	-	-	-	-	-	-	-	.05	-	.01	-	-	.05	-	.05	-	-

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		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
NTER health care benefits for out-of-country care													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
ncrease support alot	7%	6%	6%	9%	7%	7%	10%	7%	6%	18%	6%	10%	6%
											-	++	
ncrease support a litt	14%	21%	9%	14%	14%	9%	18%	13%	13%	14%	10%	19%	9%
e		+									--	+++	
aintain support at the	50%	51%	46%	51%	51%	54%	46%	49%	54%	41%	54%	46%	49%
same level as now											++		
educe support a little	8%	4%	5%	11%	9%	9%	8%	8%	9%	9%	9%	7%	14%
educe support a lot	10%	6%	16%	9%	9%	13%	8%	10%	9%	14%	12%	8%	11%
			++										
/NR	10%	12%	17%	6%	11%	9%	10%	12%	8%	5%	9%	10%	11%
			++	--									
Chi²:		-					-				(.10)		
Cramer's V:		0.10577					0.07456				0.12654		
Gamma:		-0.00776					-0.01190				-0.10734		
...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17
Weighted n for mean:	496	60	82	176	136	42	45	263	157	21	276	188	31
Mean:	3.00	3.18	2.80	3.04	3.01	2.86	3.16	2.99	2.97	3.14	2.88	3.19	2.81
Std dev:	1.01	0.89	1.10	1.01	0.97	1.03	1.04	1.01	0.96	1.28	0.98	1.02	1.01
Student's t:	*	.10	.10	-	-	-	-	-	-	-	.01	.01	-

e government will face a number of challanges as Canadians age. For all Canadians, should the government increase, mantain or reduce its support of.

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
FOR specialized housing (e.g., retirement ilding with on-site support, adapted housing																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
crease support alot	26%	25%	35%	25%	23%	24%	33%	46%	25%	25%	31%	42%	23%	33%	25%	16%	17%	30%
								+++				++				---	---	+++
crease support a litt	22%	21%	35%	25%	23%	22%	10%	23%	22%	22%	29%	21%	24%	24%	25%	23%	21%	23%
intain support at the	42%	43%	19%	50%	44%	40%	47%	29%	43%	44%	31%	26%	45%	35%	41%	55%	52%	38%
ame level as now		+						-			-	--				++++	+++	---
duce support a little	1%	1%	0%	0%	2%	0%	0%	0%	1%	1%	2%	2%	0%	1%	1%	1%	1%	1%
					+													
duce support a lot	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
/NR	9%	9%	12%	0%	7%	12%	10%	3%	9%	9%	7%	9%	7%	8%	8%	6%	9%	9%
						++												
Chi²:		-			(.10)				-			-					(.05)	
Cramer's V:		0.080			0.107				0.064			0.113					0.153	
Gamma:		-0.223			-0.074				-0.046			0.143					-0.221	
...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5
Weighted n for mean:	502	472	23	4	250	191	27	34	207	232	51	39	80	74	96	120	154	348
Mean:	3.80	3.78	4.17	3.75	3.73	3.81	3.85	4.18	3.78	3.77	3.96	4.13	3.76	3.95	3.80	3.57	3.59	3.89
Std dev:	0.868	0.870	0.778	0.957	0.862	0.852	0.949	0.869	0.862	0.860	0.871	0.923	0.830	0.890	0.854	0.775	0.805	0.880
Student's t:	*	-	.05	-	.10	-	-	.05	-	-	-	.05	-	-	-	.01	.01	.01

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		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
AFFOR specialized housing (e.g., retirement building with on-site support, adapted housing													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Increase support alot	26%	22%	23%	26%	25%	39%	34%	22%	30%	36%	24%	27%	34%
						++		--	+				
Increase support a litt le	22%	26%	25%	16%	24%	24%	18%	22%	22%	14%	23%	21%	20%
				--									
Maintain support at the same level as now	42%	40%	38%	46%	45%	28%	38%	45%	39%	41%	43%	43%	34%
						--		+					
Reduce support a little	1%	1%	1%	2%	0%	0%	0%	1%	1%	5%	2%	0%	0%
				+									
Reduce support a lot	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
DK/NR	9%	10%	12%	10%	6%	9%	10%	10%	8%	5%	9%	9%	11%
Chi²:		-					-				-		
Cramer's V:		0.09128					0.08868				0.06420		
Gamma:		-0.08629					-0.07327				-0.05879		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17
Weighted n for mean:	502	61	87	169	143	42	45	268	158	21	277	192	31
Mean:	3.80	3.77	3.80	3.73	3.79	4.12	3.96	3.72	3.88	3.86	3.76	3.82	4.00
Std dev:	0.87	0.84	0.85	0.90	0.84	0.86	0.90	0.84	0.89	1.01	0.87	0.87	0.89
Student's t:	*	-	-	-	-	.05	-	.05	-	-	-	-	-

96/09/04

S - Beneficiaries

The government will face a number of challanges as Canadians age. For all Canadians, should the government increase, mantain or reduce its support of.

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		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
ACCES accessible transportation																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Increase support alot	21%	21%	31%	0%	18%	25%	10%	34%	17%	22%	35%	40%	24%	26%	14%	18%	13%	25%
					-			+	--		++	+++			-		---	+++
Increase support a little	24%	24%	19%	50%	26%	22%	23%	26%	23%	25%	24%	21%	21%	26%	26%	27%	25%	24%
Maintain support at the same level as now	46%	47%	38%	50%	49%	42%	67%	31%	54%	44%	33%	33%	50%	36%	53%	50%	56%	42%
							++	-	+++		--	-		-			+++	---
Reduce support a little	0%	0%	0%	0%	0%	1%	0%	0%	0%	1%	0%	0%	2%	0%	0%	0%	0%	1%
						+							++++					
Reduce support a lot	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	1%
DK/NR	8%	8%	12%	0%	7%	10%	0%	9%	6%	7%	9%	7%	2%	11%	7%	5%	6%	8%
													--					
Chi^2:		-			-				(.10)			(.05)					(.01)	
Cramer's V:		0.065			0.110				0.129			0.131					0.168	
Gamma:		-0.072			-0.061				-0.141			0.106					-0.176	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5
Weighted n for mean:	510	480	23	4	251	197	30	32	213	236	50	40	84	71	97	121	159	351
Mean:	3.71	3.70	3.91	3.50	3.66	3.77	3.43	4.03	3.60	3.73	4.02	4.07	3.69	3.89	3.59	3.66	3.54	3.79
Std dev:	0.837	0.838	0.900	0.577	0.801	0.883	0.679	0.861	0.774	0.867	0.869	0.888	0.878	0.838	0.747	0.781	0.727	0.872
Student's t:	*	-	-	-	-	-	.05	.05	.01	-	.01	.01	-	.10	.10	-	.01	.01

he government will face a number of challanges as Canadians age. For all Canadians, should the government increase, mantain or reduce its support of.

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		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
CCES accessible transportation													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
ncrease support alot	21%	25%	18%	21%	22%	22%	28%	17%	27%	27%	20%	21%	37%
								---	++				++
ncrease support a litt e	24%	29%	19%	27%	24%	17%	24%	22%	27%	32%	24%	25%	20%
aintain support at the same level as now	46%	37%	46%	46%	47%	57%	42%	51%	40%	41%	48%	46%	34%
		-						++	-				
educe support a little	0%	0%	2%	0%	0%	0%	2%	0%	0%	0%	0%	0%	0%
			+++				++						
educe support a lot	0%	0%	1%	0%	1%	0%	0%	0%	1%	0%	0%	0%	0%
</NR	8%	9%	13%	7%	6%	4%	4%	10%	5%	0%	8%	7%	9%
			++					+					
Chi²:		-					(.10)				-		
Cramer's V:		0.10341					0.11962				0.07587		
Gamma:		-0.01688					-0.14232				-0.07087		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17
Weighted n for mean:	510	62	86	175	143	44	48	269	162	22	281	195	32
Mean:	3.71	3.87	3.59	3.73	3.71	3.64	3.81	3.62	3.84	3.86	3.68	3.70	4.03
Std dev:	0.837	0.820	0.886	0.804	0.853	0.838	0.891	0.791	0.863	0.834	0.826	0.840	0.897
Student's t:	*	-	-	-	-	-	-	.01	.05	-	-	-	.05

96/09/04

S - Beneficiaries

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		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Retired	Homemaker	Employed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
HOME home care or home support services (e.g., homemaker services, assistance with bathin																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Increase support alot	27%	28%	19%	25%	27%	25%	30%	34%	25%	24%	51%	33%	22%	24%	24%	31%	20%	30%
											++++						--	++
Increase support a little	28%	27%	46%	25%	28%	30%	27%	11%	26%	31%	20%	23%	30%	31%	32%	30%	26%	28%
		-						--										
Maintain support at the same level as now	41%	41%	31%	50%	40%	39%	37%	51%	45%	41%	24%	37%	43%	41%	39%	37%	51%	36%
									+		---						+++	---
Reduce support a little	1%	1%	4%	0%	1%	2%	0%	0%	2%	0%	2%	2%	2%	1%	2%	1%	2%	1%
										-								
Reduce support a lot	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
DK/NR	3%	4%	0%	0%	3%	4%	7%	3%	2%	4%	4%	5%	2%	3%	3%	2%	2%	4%
									-									
Chi²:		-			-				(.01)			-					(.01)	
Cramer's V:		0.081			0.072				0.150			0.061					0.156	
Gamma:		-0.041			0.021				-0.132			-0.071					-0.199	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5
Weighted n for mean:	534	501	26	4	262	210	28	34	223	245	53	41	84	78	101	126	167	367
Mean:	3.84	3.84	3.81	3.75	3.84	3.81	3.93	3.82	3.76	3.82	4.25	3.90	3.74	3.79	3.80	3.93	3.65	3.92
Std dev:	0.853	0.856	0.801	0.957	0.850	0.846	0.858	0.936	0.855	0.812	0.897	0.917	0.838	0.827	0.837	0.850	0.821	0.855
Student's t:	*	-	-	-	-	-	-	-	.10	-	.01	-	-	-	-	-	.01	.01

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		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
HOME home care or home support services (e.g., homemaker services, assistance with bathin													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Increase support alot	27%	24%	37%	23%	31%	13%	30%	26%	27%	41%	25%	28%	37%
			++			--							
Increase support a little	28%	41%	26%	27%	25%	24%	22%	28%	29%	27%	27%	30%	23%
		+++											
Maintain support at the same level as now	41%	29%	31%	46%	39%	57%	46%	39%	43%	32%	44%	36%	40%
		--	--	++		++					+		
Reduce support a little	1%	1%	0%	1%	1%	4%	0%	2%	0%	0%	2%	1%	0%
						+		++	-				
Reduce support a lot	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
DK/NR	3%	4%	5%	3%	3%	2%	2%	5%	1%	0%	3%	5%	0%
								+	-			+	
Chi²:		(.05)					-				-		
Cramer's V:		0.11540					0.09489				0.09010		
Gamma:		0.10181					-0.07758				-0.09133		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17
Weighted n for mean:	534	65	94	183	147	45	49	284	169	22	296	199	35
Mean:	3.84	3.91	4.06	3.74	3.88	3.47	3.84	3.81	3.85	4.09	3.77	3.89	3.97
Std dev:	0.853	0.785	0.853	0.835	0.880	0.786	0.874	0.865	0.831	0.868	0.851	0.843	0.891
Student's t:	*	-	.01	.10	-	.01	-	-	-	-	.10	-	-

e government will face a number of challanges as Canadians age. For all Canadians, should the government increase, mantain or reduce its support of.

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                                   Employment Status      Maritial Status       Inc to meet Needs          Household Income              Gender
                                  ------------------  ------------------------  ------------------  ------------------------------  ------------
                                   Reti- Home- Emplo   Marrd             Seprt   Affrd   Few Barly    $10, $10 - $15 - $20 -
                           Total     red maker   yed   C.Law Widow Sngle Divrc   Extra Extra needs   >$10K  $14K  $19K  $29K $30K+       M     F
                           -----   ----- ----- -----   ----- ----- ----- -----   ----- ----- -----   ----- ----- ----- ----- -----   ----- -----
SPT services to help those who are caring for an
derly relative or friend
          Unweighted n:      553     520    26     4     270   218    30    35     227   255    55      43    86    80   104   128     170   383
ncrease support alot         30%     30%   27%   50%     30%   30%   23%   40%     29%   29%   40%     33%   28%   23%   34%   30%     16%   36%
                                                                                                +                                     ----  ++++
ncrease support a litt       26%     27%   19%   25%     28%   27%   23%   14%     22%   29%   31%     26%   33%   35%   24%   23%     28%   25%
e                                                                            -       -                               +
aintain support at the       35%     35%   38%   25%     36%   33%   43%   40%     39%   34%   25%     33%   34%   35%   35%   38%     47%   30%
ame level as now                                                                                                                      ++++  ----
educe support a little        0%      0%    8%    0%      0%    0%    0%    3%      1%    0%    0%      2%    0%    0%    0%    0%      0%    1%
                                    ----                                    ++       +                ++
educe support a lot           0%      0%    0%    0%      0%    0%    0%    0%      0%    0%    2%      2%    0%    0%    0%    1%      0%    1%
                                                                                                +     ++
/NR                           8%      8%    8%    0%      6%   10%   10%    3%      8%    8%    2%      5%    6%    8%    8%    9%      8%    8%
                                                                                                -

                     Chi²:         (.01)                   -                   (.10)                   -                         (.01)
               Cramer's V:         0.196               0.099                   0.124               0.112                         0.221
                    Gamma:         0.075               0.028                  -0.133               0.034                        -0.293
     ...points around 50%:         4       4    19    49       6     7    18    17       7     6    13      15    11    11    10     9       8     5
      Weighted n for mean:       510     479    24     4     253   196    27    34     208   235    54      41    81    74    96   116     156   354
                     Mean:      3.92    3.93  3.71  4.25    3.92  3.94  3.78  3.94    3.85  3.94  4.09    3.88  3.94  3.86  3.99  3.89    3.67  4.04
                  Std dev:      0.87    0.86  1.00  0.96    0.86  0.87  0.85  0.98    0.90  0.83  0.92    1.00  0.81  0.78  0.86  0.90    0.76  0.89
              Student's t:         *       -     -     -       -     -     -     -       -     -     -       -     -     -     -     -     .01   .01
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S - Beneficiaries 96/09/04

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		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
ESPT services to help those who are caring for an lderly relative or friend													
Unweighted n:	553	68	99	188	152	45	50	298	171	22	304	210	35
ncrease support alot	30%	28%	33%	27%	36%	22%	36%	25%	35%	45%	32%	29%	23%
					+			---					
ncrease support a litte	26%	31%	25%	28%	22%	26%	24%	30%	22%	23%	22%	30%	31%
								+			--	+	
laintain support at the same level as now	35%	35%	30%	35%	36%	43%	28%	37%	36%	27%	37%	34%	34%
educe support a little	0%	0%	1%	1%	0%	0%	2%	0%	0%	0%	0%	0%	0%
							++						
educe support a lot	0%	0%	0%	1%	1%	0%	0%	1%	0%	0%	0%	0%	3%
													++
K/NR	8%	6%	10%	9%	5%	9%	10%	7%	8%	5%	9%	6%	9%
Chi²:		-					-				-		
Cramer's V:		0.07770					0.10157				0.10755		
Gamma:		0.00999					-0.07252				-0.01312		
...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17
Weighted n for mean:	510	64	89	171	144	42	45	276	158	21	278	197	32
Mean:	3.92	3.92	4.01	3.88	3.97	3.76	4.04	3.84	3.99	4.19	3.92	3.94	3.78
Std dev:	0.869	0.822	0.872	0.862	0.908	0.821	0.903	0.852	0.874	0.873	0.890	0.831	0.941
Student's t:	*	-	-	-	-	-	-	.05	-	-	-	-	-

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		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti-red	Home-maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
LL specialized care services for dying patients																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
crease support alot	17%	17%	15%	0%	16%	18%	20%	14%	17%	16%	20%	19%	15%	24%	15%	17%	15%	18%
														+				
crease support a litt	26%	25%	38%	50%	24%	28%	27%	26%	27%	25%	22%	26%	23%	29%	28%	23%	22%	28%
		-																
intain support at the ame level as now	46%	47%	35%	50%	50%	41%	43%	46%	46%	47%	42%	44%	52%	43%	45%	49%	58%	41%
					++	-											++++	----
duce support a little	1%	1%	0%	0%	0%	1%	0%	3%	0%	0%	2%	0%	1%	0%	0%	1%	0%	1%
					-			+										
duce support a lot	1%	1%	0%	0%	0%	1%	0%	0%	0%	1%	2%	0%	1%	1%	0%	0%	0%	1%
/NR	10%	10%	12%	0%	9%	12%	10%	11%	9%	10%	13%	12%	7%	4%	12%	9%	6%	12%
														--			--	++
Chi²:		-			-				-			-					(.01)	
Cramer's V:		0.067			0.083				0.079			0.089					0.175	
Gamma:		-0.106			-0.016				0.049			0.022					-0.049	
...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5
Weighted n for mean:	496	466	23	4	246	192	27	31	207	229	48	38	80	77	92	116	160	336
Mean:	3.65	3.64	3.78	3.50	3.61	3.69	3.74	3.58	3.67	3.62	3.65	3.71	3.54	3.77	3.66	3.63	3.54	3.69
Std dev:	0.808	0.813	0.736	0.577	0.784	0.841	0.813	0.807	0.781	0.811	0.934	0.802	0.826	0.872	0.760	0.797	0.751	0.831
Student's t:	*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	.05	.05

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		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
PALL specialized care services for dying patients													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Increase support alot	17%	18%	20%	14%	18%	15%	28%	15%	16%	27%	19%	16%	9%
							++						
Increase support a little	26%	25%	22%	27%	28%	26%	26%	23%	29%	32%	26%	26%	23%
Maintain support at the same level as now	46%	50%	45%	47%	43%	48%	36%	48%	47%	32%	44%	47%	57%
Reduce support a little	1%	0%	0%	1%	1%	0%	2%	0%	0%	5%	0%	1%	0%
Reduce support a lot	1%	0%	2%	1%	0%	0%	0%	1%	0%	0%	0%	1%	0%
			++								-	++	
DK/NR	10%	7%	10%	11%	11%	11%	8%	13%	7%	5%	11%	9%	11%
								++	-				
Chi²:		-					(.05)				-		
Cramer's V:		0.07121					0.12533				0.09478		
Gamma:		0.00466					-0.05921				0.07882		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17
Weighted n for mean:	496	63	89	168	135	41	46	260	159	21	271	191	31
Mean:	3.65	3.65	3.65	3.60	3.70	3.63	3.87	3.59	3.67	3.86	3.70	3.59	3.45
Std dev:	0.808	0.786	0.906	0.791	0.792	0.767	0.885	0.798	0.760	0.910	0.799	0.841	0.675
Student's t:	*		-	-	-		.10	.10	-		.10	-	-

- Beneficiaries

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WELL programs and information for seniors on topics like exercise, nutrition, accident-pr

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti-red	Home-maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Increase support alot	16%	16%	19%	0%	15%	17%	10%	20%	16%	13%	24%	26%	12%	14%	11%	16%	12%	17%
										-	+	+					-	+
Increase support a little	20%	21%	8%	0%	18%	19%	27%	37%	19%	21%	24%	30%	23%	26%	14%	21%	19%	20%
								+++				+						
Maintain support at the same level as now	59%	58%	62%	100%	62%	58%	57%	40%	59%	61%	47%	40%	63%	55%	68%	56%	64%	57%
								--			-	---			++			
Reduce support a little	1%	1%	4%	0%	2%	1%	3%	0%	2%	1%	2%	2%	0%	1%	1%	3%	2%	1%
																+		
Reduce support a lot	1%	1%	8%	0%	1%	1%	0%	3%	2%	1%	0%	2%	0%	0%	3%	2%	2%	1%
		--																
DK/NR	3%	3%	0%	0%	1%	4%	3%	0%	2%	3%	4%	0%	2%	4%	3%	2%	1%	3%
						+												
Chi²:		-			-				-			-					-	
Cramer's V:		0.114			0.103				0.093			0.119					0.111	
Gamma:		0.225			-0.088				-0.048			0.106					-0.122	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5
Weighted n for mean:	539	506	26	4	266	209	29	35	223	247	53	43	84	77	101	125	168	371
Mean:	3.48	3.50	3.27	3.00	3.44	3.51	3.45	3.71	3.46	3.44	3.72	3.74	3.48	3.55	3.30	3.47	3.38	3.53
Std dev:	0.83	0.82	1.08	0.00	0.82	0.84	0.74	0.89	0.87	0.78	0.86	0.95	0.70	0.75	0.79	0.86	0.79	0.85
Student's t:	*	-	-	.01	-	-	-	-	-	-	.05	.10	-	-	.01	-	.05	.05

The government will face a number of challanges as Canadians age. For all Canadians, should the government increase, mantain or reduce its support of.

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		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
PWELL programs and information for seniors on topics like exercise, nutrition, accident-pr													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Increase support alot	16%	18%	17%	15%	14%	15%	26%	11%	19%	23%	17%	14%	17%
							++	---					
Increase support a little	20%	29%	21%	17%	20%	17%	16%	21%	21%	14%	17%	24%	17%
		++									-	+	
Maintain support at the same level as now	59%	49%	56%	60%	62%	65%	56%	60%	57%	55%	59%	59%	66%
		-											
Reduce support a little	1%	0%	1%	2%	1%	2%	0%	2%	2%	0%	2%	0%	0%
											+		
Reduce support a lot	1%	0%	1%	3%	1%	0%	2%	2%	0%	0%	2%	1%	0%
				++				+	-				
DK/NR	3%	4%	4%	2%	2%	0%	0%	4%	1%	9%	3%	1%	0%
								+	-				
Chi²:		-					(.10)				-		
Cramer's V:		0.09057					0.12394				0.10106		
Gamma:		0.06086					-0.07150				-0.06942		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17
Weighted n for mean:	539	65	95	184	149	46	50	287	170	20	294	207	35
Mean:	3.48	3.68	3.55	3.40	3.47	3.46	3.64	3.39	3.58	3.65	3.47	3.49	3.51
Std dev:	0.832	0.773	0.835	0.894	0.785	0.780	0.942	0.811	0.819	0.875	0.869	0.794	0.781
Student's t:	*	.05	-	-	-	-	-	.01	.10	-	-	-	-

- Beneficiaries

ıe government will face a number of challanges as Canadians age. For all Canadians, should the government increase, mantain or reduce its support of.

	Total	Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
		Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
ɔMMC organizations for seniors																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
ıcrease support alot	10%	10%	8%	50%	13%	7%	0%	17%	8%	9%	20%	19%	8%	13%	9%	8%	11%	10%
					++	-	-				++	+						
ıcrease support a litt	18%	19%	8%	0%	16%	18%	30%	31%	13%	22%	24%	28%	23%	21%	14%	14%	14%	20%
?							+	++	--	+		+					-	+
ıintain support at the	64%	64%	81%	50%	65%	66%	63%	49%	74%	60%	49%	44%	63%	58%	70%	72%	69%	62%
;ame level as now								--	++++	-	--	---				++		
ɘduce support a little	2%	2%	0%	0%	2%	1%	3%	0%	3%	1%	0%	2%	1%	0%	2%	4%	2%	1%
									++							++		
ɘduce support a lot	1%	1%	0%	0%	1%	2%	3%	0%	1%	1%	2%	2%	1%	0%	1%	2%	1%	1%
:/NR	4%	4%	4%	0%	4%	6%	0%	3%	0%	7%	5%	5%	3%	9%	4%	1%	2%	5%
									----	+++				++		--		
Chi²:		-			(.10)				(.01)			(.10)					-	
Cramer's V:		0.101			0.117				0.182			0.129					0.107	
Gamma:		0.066			-0.017				-0.157			0.149					-0.038	
:...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5
Weighted n for mean:	529	497	25	4	259	206	30	34	226	237	52	41	83	73	100	127	166	363
Mean:	3.36	3.36	3.24	4.00	3.40	3.29	3.20	3.68	3.24	3.40	3.63	3.61	3.37	3.51	3.29	3.23	3.33	3.38
Std dev:	0.75	0.75	0.60	1.15	0.77	0.71	0.66	0.77	0.70	0.73	0.89	0.92	0.71	0.73	0.70	0.71	0.76	0.75
Student's t:	*	-	-	-	-	.10	-	.05	.01	-	.05	.10	-	.10	-	.05	-	-

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		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
COMMC organizations for seniors													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Increase support alot	10%	9%	11%	12%	10%	7%	14%	10%	9%	18%	11%	10%	14%
Increase support a little	18%	32%	21%	15%	14%	17%	20%	19%	16%	14%	18%	20%	14%
		+++											
Maintain support at the same level as now	64%	54%	60%	66%	68%	70%	56%	65%	68%	50%	64%	63%	69%
		-											
Reduce support a little	2%	0%	2%	2%	1%	2%	4%	1%	2%	0%	2%	1%	3%
Reduce support a lot	1%	4%	1%	0%	2%	0%	2%	1%	1%	5%	1%	1%	0%
		++		-									
DK/NR	4%	0%	5%	5%	5%	4%	4%	4%	4%	14%	4%	6%	0%
		.											
Chi²:		-					-				-		
Cramer's V:		0.11153					0.09505				0.07079		
Gamma:		0.12148					0.07035				-0.01361		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17
Weighted n for mean:	529	68	94	178	145	44	48	285	165	19	292	198	35
Mean:	3.36	3.41	3.41	3.38	3.30	3.30	3.42	3.38	3.30	3.47	3.36	3.37	3.40
Std dev:	0.75	0.83	0.77	0.73	0.76	0.63	0.87	0.73	0.72	1.02	0.76	0.74	0.77
Student's t:	*	-	-	-	-	-	-	-	-	-	-	-	-

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		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
NOW providing information to seniors about health, well-being and independence																		
Unweighted n:	530	501	24	2	257	208	30	35	219	241	54	41	80	74	100	127	166	364
Increase support alot	16%	16%	13%	0%	14%	17%	7%	26%	12%	13%	37%	24%	15%	19%	6%	16%	12%	17%
								+	-		++++				---			
Increase support a little	23%	22%	21%	50%	23%	21%	37%	20%	24%	23%	19%	22%	29%	24%	27%	22%	19%	24%
							+											
aintain support at the same level as now	57%	57%	58%	50%	58%	57%	53%	51%	58%	59%	43%	51%	55%	53%	62%	58%	63%	54%
											--						++	--
educe support a little	1%	1%	4%	0%	2%	1%	0%	0%	2%	1%	0%	0%	1%	0%	2%	2%	2%	1%
educe support a lot	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	1%	1%	0%	1%	0%
K/NR	3%	3%	4%	0%	3%	3%	3%	3%	3%	4%	2%	2%	0%	3%	2%	2%	2%	4%
													-					
Chi²:		-			-				(.01)			-					-	
Cramer's V:		0.053			0.082				0.156			0.105					0.123	
Gamma:		0.101			-0.068				-0.145			0.099					-0.177	
±...points around 50%:	4	4	20	69	6	7	18	17	7	6	13	15	11	11	10	9	8	5
Weighted n for mean:	513	485	23	2	249	201	29	34	213	231	53	40	80	72	98	125	162	351
Mean:	3.54	3.54	3.43	3.50	3.50	3.55	3.52	3.74	3.46	3.50	3.94	3.73	3.58	3.61	3.36	3.52	3.41	3.60
Std dev:	0.790	0.791	0.788	0.707	0.794	0.793	0.634	0.864	0.762	0.757	0.908	0.847	0.759	0.848	0.677	0.789	0.760	0.797
Student's t:	*	-	-	-	-	-	-	-	.10	-	.01	-	-	-	.01	-	.05	.05

5 - Beneficiaries
The government will face a number of challanges as Canadians age. For all Canadians, should the government increase, mantain or reduce its support of.
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		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
NOW providing information to seniors about health well-being and independence													
Unweighted n:	530	65	99	184	139	43	50	284	163	21	289	203	34
ncrease support alot	16%	17%	20%	14%	15%	12%	26%	16%	13%	14%	14%	18%	21%
							++						
ncrease support a litt e	23%	23%	27%	22%	22%	16%	16%	24%	23%	24%	23%	24%	12%
laintain support at the same level as now	57%	58%	48%	57%	59%	67%	52%	55%	61%	57%	57%	55%	65%
			.										
educe support a little	1%	0%	0%	3%	1%	2%	4%	2%	0%	0%	2%	0%	0%
				++			+		-		+		
educe support a lot	0%	0%	0%	1%	1%	0%	0%	0%	0%	5%	1%	0%	0%
K/NR	3%	2%	4%	4%	3%	2%	2%	4%	2%	0%	3%	3%	3%
Chi²:		-					(.10)				-		
Cramer's V:		0.08184					0.12491				0.09041		
Gamma:		0.09986					0.04626				-0.08446		
±...points around 50%:	4	12	10	7	8	15	14	6	8	21	6	7	17
Weighted n for mean:	513	64	95	177	135	42	49	273	159	21	280	197	33
Mean:	3.54	3.58	3.71	3.49	3.51	3.38	3.65	3.55	3.51	3.43	3.49	3.61	3.55
Std dev:	0.790	0.773	0.797	0.798	0.790	0.731	0.925	0.799	0.728	0.926	0.790	0.785	0.833
Student's t:	•	-	.05	-	-	-	-	-	-	-	-	.10	-

S - Beneficiaries

The government will face a number of challanges as Canadians age. For all Canadians, should the government increase, mantain or reduce its support of.

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		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti-red	Home-maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
INFO improving the public image of aging and seniors																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Increase support alot	19%	20%	8%	0%	19%	17%	30%	29%	18%	20%	27%	33%	17%	20%	23%	16%	16%	21%
		++										++						
Increase support a little	22%	22%	27%	25%	23%	20%	27%	26%	19%	23%	25%	23%	22%	24%	19%	21%	20%	23%
Maintain support at the same level as now	51%	51%	54%	75%	52%	53%	33%	43%	54%	51%	38%	37%	57%	48%	50%	54%	56%	49%
							--				--	-					+	-
Reduce support a little	1%	1%	0%	0%	0%	2%	0%	3%	1%	1%	2%	0%	0%	3%	2%	2%	2%	1%
Reduce support a lot	1%	1%	4%	0%	1%	2%	3%	0%	3%	0%	0%	0%	0%	1%	2%	4%	2%	1%
									+++	-						+++		
DK/NR	5%	5%	8%	0%	5%	6%	7%	0%	4%	5%	7%	7%	3%	5%	4%	4%	4%	6%
Chi²:		-			-				-			-					-	
Cramer's V:		0.072			0.101				0.112			0.101					0.098	
Gamma:		0.209			-0.020				-0.111			0.102					-0.099	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5
Weighted n for mean:	525	494	24	4	257	205	28	35	218	242	51	40	83	76	100	123	164	361
Mean:	3.60	3.61	3.38	3.25	3.62	3.50	3.86	3.80	3.50	3.64	3.84	3.95	3.59	3.62	3.62	3.45	3.49	3.65
Std dev:	0.87	0.88	0.82	0.50	0.83	0.89	1.01	0.90	0.92	0.83	0.88	0.88	0.78	0.89	0.94	0.93	0.86	0.88
Student's t:	*	.10	-	-	-	.05	-	-	.05	-	.05	.05	-	-	-	.05	.10	.10

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		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
NFO improving the public image of aging and eniors													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
ncrease support alot	19%	21%	29% +++	18%	16%	13%	36% +++	17% -	21%	5%	21%	17%	20%
ncrease support a litte	22%	25%	21%	21%	24%	20%	16%	23%	22%	27%	21%	24%	17%
aintain support at the same level as now	51%	47%	38% ---	54%	53%	65% ++	44%	50%	53%	59%	50%	52%	60%
educe support a little	1%	0%	1%	1%	1%	2%	0%	2%	1%	0%	2% ++	0% -	0%
educe support a lot	1%	1%	0%	3% +	1%	0%	2%	2%	1%	5%	2% +	0%	0%
K/NR	5%	6%	10% ++	3%	5%	0%	2%	7% ++	3%	5%	4%	6%	3%
Chi²:		-					(.10)				-		
Cramer's V:		0.11170					0.11729				0.10664		
Gamma:		0.08576					0.03215				0.01965		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17
Weighted n for mean:	525	64	89	182	144	46	49	277	166	21	292	197	34
Mean:	3.60	3.67	3.88	3.52	3.54	3.43	3.86	3.56	3.64	3.29	3.59	3.61	3.59
Std dev:	0.87	0.87	0.89	0.90	0.84	0.75	1.00	0.87	0.85	0.78	0.93	0.80	0.82
Student's t:	*	-	.01	-	-	-	.10	-	-	.10	-	-	-

· Beneficiaries

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		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti-red	Home-maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	>$10K	$10, $10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
EAD guiding and coordinating other organizations																		
cross the country regarding seniors in																		
Unweighted n:	531	502	24	2	257	209	30	35	219	242	54	41	80	74	100	127	166	365
ncrease support alot	11%	12%	4%	0%	11%	11%	13%	17%	11%	10%	17%	22%	8%	15%	8%	13%	11%	11%
												++						
ncrease support a litt	22%	22%	17%	0%	20%	22%	23%	31%	17%	24%	33%	17%	33%	28%	20%	17%	19%	23%
e									--		++		++					
aintain support at the	54%	54%	58%	50%	61%	48%	60%	37%	59%	55%	41%	49%	50%	50%	56%	60%	61%	51%
same level as now					+++	--		--	+		--						++	--
educe support a little	3%	3%	8%	0%	2%	4%	3%	3%	3%	3%	0%	2%	5%	1%	6%	4%	2%	4%
															+			
educe support a lot	1%	1%	0%	0%	1%	1%	0%	0%	1%	0%	0%	0%	0%	0%	2%	2%	1%	1%
/NR	8%	8%	13%	50%	5%	14%	0%	11%	8%	7%	9%	10%	5%	5%	8%	4%	5%	10%
					---	++++	-									--	--	++
Chi²:		-			(.05)				-			-					-	
Cramer's V:		0.094			0.128				0.115			0.120					0.129	
Gamma:		0.337			-0.009				-0.138			0.082					0.031	
...points around 50%:	4	4	20	69	6	7	18	17	7	6	13	15	11	11	10	9	8	5
Weighted n for mean:	486	461	21	1	245	180	30	31	202	225	49	37	76	70	92	122	158	328
Mean:	3.43	3.45	3.19	3.00	3.40	3.43	3.47	3.71	3.37	3.43	3.73	3.65	3.45	3.60	3.28	3.39	3.40	3.45
Std dev:	0.783	0.786	0.680	*	0.754	0.813	0.776	0.824	0.802	0.754	0.758	0.889	0.719	0.769	0.803	0.838	0.773	0.788
Student's t:	*	.05	-	*	-	-	-	.10	-	-	.01	-	-	.10	.05	-	-	-

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		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
LEAD guiding and coordinating other organizations across the country regarding seniors in													
Unweighted n:	531	65	99	184	139	44	50	285	163	21	289	204	34
Increase support alot	11%	6%	11%	16%	9%	7%	28%	8%	12%	19%	13%	9%	12%
				++			++++	---					
Increase support a little	22%	23%	25%	21%	21%	18%	10%	22%	25%	24%	19%	24%	32%
							--				-		
Maintain support at the same level as now	54%	63%	47%	51%	59%	57%	48%	56%	53%	52%	59%	51%	41%
											++		
Reduce support a little	3%	0%	3%	3%	4%	5%	6%	4%	1%	5%	3%	3%	3%
									-				
Reduce support a lot	1%	0%	1%	1%	1%	2%	0%	1%	1%	0%	1%	0%	0%
DK/NR	8%	8%	12%	8%	6%	11%	8%	9%	9%	0%	4%	13%	12%
											----	+++	
Chi²:		-					(.05)				(.05)		
Cramer's V:		0.09172					0.13231				0.14198		
Gamma:		0.03913					-0.06818				0.06154		
±...points around 50%:	4	12	10	7	8	15	14	6	8	21	6	7	17
Weighted n for mean:	486	60	87	169	131	39	46	260	149	21	277	177	30
Mean:	3.43	3.38	3.48	3.53	3.36	3.26	3.65	3.35	3.51	3.57	3.42	3.43	3.60
Std dev:	0.783	0.613	0.805	0.839	0.755	0.785	0.994	0.743	0.768	0.870	0.810	0.744	0.770
Student's t:	*	-	-	.10	-	-	-	.05	-	-	-	-	-

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ESE research funding on the health concerns of .eniors such as osteoporosis or Alzheimer

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti-red	Home-maker	Employed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
ncrease support alot	37%	37%	46%	25%	36%	36%	43%	49%	36%	36%	49%	44%	47%	40%	30%	38%	29%	41%
											+		+		-		--	++
ncrease support a litt e	27%	28%	12%	50%	28%	28%	23%	23%	31%	26%	20%	23%	15%	28%	35%	33%	32%	25%
									+				---		+	+	+	-
laintain support at the same level as now	31%	30%	42%	25%	30%	32%	27%	29%	29%	32%	27%	33%	35%	29%	27%	27%	33%	30%
educe support a little	0%	0%	0%	0%	1%	0%	0%	0%	1%	0%	0%	0%	0%	0%	1%	0%	1%	0%
									+									
educe support a lot	1%	1%	0%	0%	0%	0%	3%	0%	1%	0%	0%	0%	0%	0%	1%	1%	1%	1%
							++											
K/NR	4	4%	0%	0%	4%	5%	3%	0%	3%	5%	4%	0%	3%	4%	7%	2%	4%	4%
Chi²:		-			-				-			-					-	
Cramer's V:		0.078			0.081				0.100			0.116					0.115	
Gamma:		-0.051			-0.048				-0.028			0.032					-0.136	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5
Weighted n for mean:	530	497	26	4	258	208	29	35	221	242	53	43	83	77	97	125	163	367
Mean:	4.05	4.04	4.04	4.00	4.03	4.03	4.07	4.20	4.03	4.04	4.23	4.12	4.12	4.12	3.98	4.09	3.93	4.10
Std dev:	0.88	0.88	0.96	0.82	0.87	0.87	1.03	0.87	0.88	0.87	0.87	0.88	0.92	0.84	0.87	0.85	0.85	0.89
Student's t:	*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	.05	.05

The government will face a number of challanges as Canadians age. For all Canadians, should the government increase, mantain or reduce its support of.
..

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
RESE research funding on the health concerns of seniors such as osteoporosis or Alzheimer													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Increase support alot	37%	44%	40%	35%	37%	30%	54%	33%	40%	55%	40%	34%	34%
							++	--					
Increase support a litt le	27%	28%	26%	27%	28%	24%	12%	28%	28%	27%	24%	31%	26%
							--				-	+	
Maintain support at the same level as now	31%	25%	29%	32%	30%	37%	32%	33%	27%	18%	31%	30%	34%
Reduce support a little	0%	0%	0%	1%	0%	2%	0%	0%	1%	0%	0%	0%	0%
						++							
Reduce support a lot	1%	0%	1%	1%	0%	0%	0%	1%	0%	0%	1%	0%	0%
DK/NR	4%	3%	3%	4%	5%	7%	2%	5%	4%	0%	4%	4%	6%
Chi²:		-					-				-		
Cramer's V:		0.07728					0.10658				0.07922		
Gamma:		0.08376					-0.06371				0.04764		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17
Weighted n for mean:	530	66	96	180	145	43	49	284	164	22	292	201	33
Mean:	4.05	4.20	4.08	3.99	4.07	3.88	4.22	3.96	4.12	4.36	4.05	4.03	4.00
Std dev:	0.879	0.827	0.902	0.909	0.839	0.905	0.919	0.895	0.846	0.790	0.918	0.830	0.866
Student's t:	*	-	-	-	-	-	-	.05	-	.10	-	-	-

5 - Beneficiaries

The government will face a number of challanges as Canadians age. For all Canadians, should the government increase, mantain or reduce its support of.

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		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
ISK benefits for medical devices and aids such as earing aids and walkers																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
ncrease support alot	18%	17%	31%	0%	17%	20%	10%	14%	14%	17%	29%	23%	20%	23%	13%	12%	12%	20%
									-		++					--	--	++
ncrease support a little	24%	24%	15%	0%	24%	23%	20%	31%	19%	28%	29%	33%	29%	24%	21%	24%	21%	25%
									--	++								
aintain support at the same level as now	50%	51%	42%	100%	52%	49%	63%	40%	61%	46%	33%	35%	45%	45%	56%	60%	59%	46%
									++++	-	---	--				++	+++	---
educe support a little	1%	1%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	1%	0%	0%	2%	1%	1%
																+		
educe support a lot	1%	0%	4%	0%	1%	0%	0%	0%	0%	1%	2%	2%	0%	0%	1%	0%	1%	1%
		--			+							+						
K/NR	7%	7%	8%	0%	6%	7%	7%	14%	6%	7%	7%	7%	5%	9%	9%	2%	6%	7%
								+								--		
Chi²:		-			-				(.01)			-					(.10)	
Cramer's V:		0.110			0.087				0.151			0.126					0.131	
Gamma:		-0.026			0.008				-0.187			0.134					-0.189	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5
Weighted n for mean:	514	483	24	4	254	202	28	30	214	236	51	40	82	73	95	125	159	355
Mean:	3.62	3.61	3.75	3.00	3.58	3.67	3.43	3.70	3.49	3.65	3.90	3.80	3.71	3.75	3.51	3.47	3.46	3.69
Std dev:	0.81	0.80	1.07	0.00	0.82	0.82	0.69	0.75	0.75	0.81	0.92	0.91	0.81	0.83	0.78	0.72	0.74	0.83
Student's t:	*	-	-	.01	-	-	-	-	.01	-	.05	-	-	-	-	.05	.01	.01

he government will face a number of challanges as Canadians age. For all Canadians, should the government increase, mantain or reduce its support of.

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		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
ISK benefits for medical devices and aids such as earing aids and walkers													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
ncrease support alot	18%	12%	16%	16%	22%	17%	26%	17%	16%	23%	16%	20%	17%
					+		+						
ncrease support a little	24%	37%	20%	23%	20%	26%	20%	24%	26%	18%	22%	26%	26%
		+++											
aintain support at the same level as now	50%	40%	53%	54%	49%	50%	46%	49%	53%	55%	53%	47%	54%
		-											
educe support a little	1%	1%	1%	0%	0%	2%	0%	1%	0%	0%	0%	1%	0%
educe support a lot	1%	1%	2%	0%	0%	0%	0%	0%	1%	5%	1%	0%	0%
			++					-					
K/NR	7%	9%	8%	6%	8%	4%	8%	8%	5%	0%	8%	7%	3%
Chi²:		-					-				-		
Cramer's V:		0.10870					0.11412				0.06705		
Gamma:		-0.04776					0.00081				-0.09461		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17
Weighted n for mean:	514	62	91	177	140	44	46	273	163	22	281	196	34
Mean:	3.62	3.61	3.52	3.60	3.71	3.61	3.78	3.63	3.60	3.55	3.57	3.67	3.62
Std dev:	0.81	0.80	0.87	0.77	0.84	0.81	0.87	0.79	0.79	1.01	0.80	0.83	0.78
Student's t:	*	-	-	-	-	-	-	-	-	-	-	-	-

- Beneficiaries

/erall, how would you say non-seniors perceive seniors and aging in Canada today? Would you say people generally have a....

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
)NSE																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
)sitive view	35%	34%	46%	50%	36%	35%	27%	31%	39%	30%	35%	37%	38%	36%	28%	39%	42%	32%
									+	--							++	--
ixed view	46%	47%	27%	50%	47%	42%	53%	51%	47%	50%	31%	35%	44%	41%	58%	46%	42%	48%
		+								+	--				+++			
ɜgative view	15%	14%	19%	0%	13%	17%	17%	14%	13%	15%	25%	23%	14%	19%	14%	13%	11%	16%
											++							
</NR	5%	4%	8%	0%	4%	6%	3%	3%	2%	5%	9%	5%	3%	4%	0%	2%	5%	4%
									---		+				--	-		
Chi^2:		-			-				(.01)			-					.10	
Cramer's V:		0.069			0.052				0.129			0.106					0.108	
Gamma:		-0.104			0.058				0.170			-0.047					0.173	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Gocd	Average	Poor
ONSE													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
ositive view	35%	38%	28%	35%	36%	39%	30%	37%	32%	32%	38%	30%	40%
ixed view	46%	47%	38%	46%	47%	54%	44%	44%	51%	41%	46%	45%	49%
			-						+				
egative view	15%	13%	23%	15%	13%	4%	22%	13%	13%	27%	14%	18%	6%
			+++			--							
K/NR	5%	1%	10%	4%	4%	2%	4%	5%	4%	0%	3%	7%	6%
			+++								--	+	
Chi^2:		(.05)					-				-		
Cramer's V:		0.11463					0.07470				0.09622		
Gamma:		-0.09109					0.00868				0.10471		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

Are you currently retired, semi-retired, a homemaker, employed outside the home or self-employed?

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
ETIR																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
etired	91%	96%	0%	0%	89%	94%	90%	89%	90%	91%	87%	79%	90%	93%	91%	94%	96%	88%
		++++				+						---					+++	---
omemaker	5%	0%	100%	0%	4%	5%	3%	6%	5%	4%	9%	16%	5%	5%	3%	1%	0%	7%
		----										++++				--	----	++++
mployed outside the ho me	1%	0%	0%	75%	1%	0%	0%	3%	1%	0%	0%	0%	0%	0%	2%	1%	1%	1%
		----						+							++			
elf-employed	0%	. 0%	0%	25%	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%	0%	0%	0%	0%
		----										++++						
ther (specify)	1%	0%	0%	0%	1%	0%	0%	0%	0%	1%	0%	0%	1%	0%	0%	2%	0%	1%
																+		
emi-retired	3%	4%	0%	0%	5%	1%	7%	3%	4%	4%	4%	2%	5%	3%	4%	3%	4%	3%
					++	---												
K/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		(.01)			-				-			(.05)					(.05)	
Cramer's V:		1.000			0.094				0.073			0.144					0.160	
Gamma:		0.927			-0.164				0.021			-0.236					0.480	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

: - Beneficiaries
re you currently retired, semi-retired, a homemaker, employed outside the home or self-employed?

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
ETIR													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
etired	91%	88%	94%	93%	89%	83%	92%	90%	89%	95%	89%	94%	89%
						-						++	
omemaker	5%	7%	4%	5%	4%	2%	6%	6%	3%	0%	5%	4%	9%
mployed outside the ho e	1%	0%	0%	0%	1%	2%	0%	1%	1%	0%	1%	0%	0%
elf-employed	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
ther (specify)	1%	0%	1%	1%	1%	0%	0%	0%	1%	5%	1%	0%	0%
emi-retired	3%	4%	1%	1%	5%	13%	2%	3%	6%	0%	5%	2%	3%
				--		++++			++		+		
K/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		(.10)					-				-		
Cramer's V:		0.11683					0.10690				0.08102		
Gamma:		0.16388					0.03428				-0.20823		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

Are you working part-time or full-time?

	Total	Employment Status Reti-red	Home-maker	Emplo-yed	Maritial Status Marrd C.Law	Widow	Sngle	Seprt Divrc	Inc to meet Needs Affrd Extra	Few Extra	Barly needs	Household Income $10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	Gender M	F
12																		
Unweighted n:	4	0	0	4	3	0	0	1	2	2	0	1	0	0	2	1	1	3
Part-time	50%	0%	0%	50%	33%	0%	0%	100%	50%	50%	0%	0%	0%	0%	100%	0%	100%	33%
Full-time	50%	0%	0%	50%	67%	0%	0%	0%	50%	50%	0%	100%	0%	0%	0%	100%	0%	67%
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:					-				-			-					-	
Cramer's V:					0.577				0.000			1.000					0.577	
Gamma:					-1.000				0.000			0.000					1.000	
±...points around 50%:	49	*	*	49	57	*	*	98	69	69	*	98	*	*	69	98	98	57

	Total	Region Atlantc	Quebec	Ontario	Prair's	BC	Program New Hrz Partner	New Horizns	SIP	Venturs	Health re others yr Age Very Good	Average	Poor
12													
Unweighted n:	4	0	0	0	3	1	0	3	1	0	3	1	0
Part-time	50%	0%	0%	0%	33%	100%	0%	33%	100%	0%	33%	100%	0%
Full-time	50%	0%	0%	0%	67%	0%	0%	67%	0%	0%	67%	0%	0%
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		-											
Cramer's V:		0.57735					0.57735				0.57735		
Gamma:		-1.00000					1.00000				-1.00000		
±...points around 50%:	49	*	*	*	57	98	*	57	98	*	57	98	*

Do you do any volunteer work for groups or organizations?

	Total	Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
		Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
VOL																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Yes, lots	36%	36%	35%	75%	43%	27%	53%	29%	40%	35%	29%	30%	34%	31%	41%	49%	43%	33%
					+++	----	++									++++	++	--
Yes, some	30%	30%	31%	25%	27%	33%	27%	40%	32%	31%	18%	28%	34%	33%	32%	27%	29%	30%
											--							
No	34%	34%	35%	0%	30%	41%	20%	31%	28%	35%	53%	42%	33%	36%	27%	24%	28%	37%
					-	+++	-		---		+++				-	---	-	+
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		-			.01				.05			-					.10	
Cramer's V:		0.053			0.136				0.111			0.118					0.101	
Gamma:		-0.089			0.126				0.174			-0.175					0.176	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

	Total	Region					Program				Health re others yr Age		
		Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
VOL													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Yes, lots	36%	31%	26%	35%	47%	37%	40%	32%	45%	36%	45%	26%	23%
			--		+++			--	+++		++++	----	-
Yes, some	30%	29%	27%	29%	33%	28%	24%	33%	29%	9%	30%	30%	23%
								+					
No	34%	40%	46%	36%	20%	35%	36%	36%	26%	55%	25%	44%	54%
			+++		----				--		----	++++	+++
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		.01					.05				.01		
Cramer's V:		0.14263					0.12280				0.17420		
Gamma:		-0.18662					-0.10552				0.36303		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

Do you spend time helping out family, friends or neighbours?

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
VOLLF																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Yes, lots	29%	29%	31%	25%	34%	25%	20%	31%	30%	31%	27%	28%	26%	33%	31%	31%	29%	30%
					++	-												
Yes, some	52%	53%	50%	50%	51%	53%	60%	49%	55%	50%	51%	58%	62%	44%	53%	56%	57%	50%
													+	-				
No	18%	18%	19%	25%	14%	22%	20%	20%	15%	20%	22%	14%	13%	24%	16%	13%	14%	20%
					--	++			-							-	-	+
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		-			-				-			-					-	
Cramer's V:		0.014			0.092				0.050			0.097					0.079	
Gamma:		0.013			0.163				0.064			-0.046					0.058	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
VOLLF													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Yes, lots	29%	32%	23%	30%	34%	24%	30%	27%	34%	23%	36%	22%	14%
											++++	---	--
Yes, some	52%	56%	47%	53%	53%	54%	62%	54%	46%	59%	52%	55%	43%
									--				
No	18%	12%	29%	18%	14%	22%	8%	18%	20%	18%	12%	23%	43%
			+++		-		--				----	++	++++
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		.10					-				.01		
Cramer's V:		0.11117					0.08692				0.17552		
Gamma:		-0.04443					0.00994				0.36018		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

What is your current marital status?

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
Q59																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Now married/common law	49%	49%	46%	75%	100%	0%	0%	0%	52%	48%	40%	30%	31%	41%	55%	69%	76%	37%
					++++	----	----	----				--	----			++++	++++	----
Widowed	39%	40%	42%	0%	0%	100%	0%	0%	37%	39%	44%	49%	56%	46%	31%	24%	18%	49%
					----	++++	----	----					++++		--	----	----	++++
Single (i.e., never married)	5%	6%	4%	0%	0%	0%	100%	0%	7%	5%	4%	9%	6%	0%	10%	5%	4%	6%
					----	----	++++							--	++			
Separated or divorced	6%	6%	8%	25%	0%	0%	0%	100%	4%	7%	13%	12%	7%	13%	5%	2%	2%	8%
					----	----		++++	-		++			++		--	--	++
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		-			(.01)				-			(.01)					.01	
Cramer's V:		0.067			1.000				0.090			0.206					0.362	
Gamma:		-0.002			1.000				0.118			-0.348					0.621	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

What is your current marital status?

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
Q59													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Now married/common law	49%	59%	37%	52%	49%	46%	46%	51%	46%	64%	54%	43%	43%
		+	--								+++	--	
Widowed	39%	35%	47%	36%	40%	39%	40%	39%	40%	23%	35%	44%	49%
			+								---	+	
Single (i.e., never married)	5%	4%	9%	3%	7%	2%	4%	6%	6%	0%	6%	6%	0%
			+	-									
Separated or divorced	6%	1%	6%	9%	4%	13%	10%	4%	8%	14%	6%	7%	9%
		-				+		--					
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		(.05)					-				-		
Cramer's V:		0.11447					0.08151				0.09588		
Gamma:		0.02175					0.01963				0.16093		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

In general, compared to other people your age, would you say your health and well-being is very good, average, or poor.

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Retired	Homemaker	Employed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
HEALT																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Very good	55%	55%	58%	75%	61%	48%	57%	49%	66%	50%	45%	49%	62%	58%	57%	65%	64%	51%
					+++	---			++++	--						++	+++	---
Average	38%	39%	31%	25%	33%	42%	43%	43%	31%	41%	42%	40%	33%	35%	40%	29%	32%	41%
					--	+			---							--	--	++
Poor	6%	6%	12%	0%	6%	8%	0%	9%	3%	8%	11%	9%	6%	8%	3%	5%	4%	7%
									---	+								
DK/NR	1%	1%	0%	0%	0%	2%	0%	0%	0%	1%	2%	2%	0%	0%	0%	1%	0%	1%
					--	++			-									
Chi²:		-			(.10)				(.01)			-					(.05)	
Cramer's V:		0.048			0.099				0.137			0.096					0.134	
Gamma:		-0.067			0.173				0.295			-0.093					0.263	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
HEALT													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Very good	55%	65%	51%	55%	56%	48%	60%	54%	57%	45%	100%	0%	0%
		+									++++	----	----
Average	38%	28%	38%	39%	38%	46%	36%	38%	36%	50%	0%	100%	0%
		-									----	++++	----
Poor	6%	7%	9%	5%	5%	7%	4%	7%	7%	5%	0%	0%	100%
											----	----	++++
DK/NR	1%	0%	2%	1%	1%	0%	0%	1%	1%	0%	0%	0%	0%
			+										
Chi²:		-					-				(.01)		
Cramer's V:		0.07653					0.04568				1.00000		
Gamma:		0.02975					0.02580				1.00000		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

Do you have a chronic or long-term illness, injury or disability that limits your physical independence?

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
DIS																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Yes	31%	32%	31%	0%	24%	36%	43%	46%	25%	36%	40%	40%	29%	31%	31%	26%	27%	33%
					----	+		+	---	++								
No	68%	68%	69%	100%	76%	62%	57%	54%	75%	64%	60%	58%	71%	69%	69%	74%	73%	66%
					++++	--		-	+++	--						+	+	-
DK/NR	1%	1%	0%	0%	0%	1%	0%	0%	0%	0%	0%	2%	0%	0%	0%	0%	0%	1%
					-	++						+						
Chi²:		-			(.01)				(.05)			-					-	
Cramer's V:		0.043			0.130				0.099			0.120					0.082	
Gamma:		0.111			-0.268				-0.239			0.089					-0.135	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
DIS													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Yes	31%	26%	23%	32%	36%	37%	30%	29%	35%	59%	15%	44%	97%
			-								----	++++	++++
No	68%	74%	76%	67%	64%	61%	68%	70%	65%	41%	85%	55%	3%
			+								++++	----	----
DK/NR	1%	0%	1%	1%	0%	2%	2%	1%	0%	0%	0%	1%	0%
											-		
Chi²:		-					(.10)				(.01)		
Cramer's V:		0.09527					0.10615				0.34364		
Gamma:		0.14879					-0.17575				-0.72328		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

DAS - Beneficiaries 96/09/04

To what extent would you say your physical independence is limited by an illness, injury or disability? Would you say...

	Total	Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
		Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
SPECI																		
Unweighted n:	177	167	8	0	66	82	13	16	56	93	22	18	25	25	32	33	46	131
A great deal	36%	35%	38%	0%	38%	38%	23%	31%	23%	43%	45%	56%	28%	32%	28%	33%	39%	35%
									- -	++								
Somewhat	43%	44%	25%	0%	29%	46%	69%	63%	46%	42%	32%	39%	60%	52%	38%	36%	30%	47%
					- - -												- -	++
A little	20%	19%	38%	0%	32%	15%	8%	6%	30%	14%	23%	6%	12%	16%	31%	30%	30%	16%
					+++				++	- -					+	+	++	- -
DK/NR	1%	1%	0%	0%	2%	1%	0%	0%	0%	1%	0%	0%	0%	0%	3%	0%	0%	2%
Chi²:		-			(.10)				-			-					(.10)	
Cramer's V:		0.108			0.176				0.175			0.195					0.194	
Gamma:		0.130			-0.110				-0.274			0.217					-0.068	
±...points around 50%:	7	8	35	*	12	11	27	25	13	10	21	23	20	20	17	17	14	9

	Total	Region					Program				Health re others yr Age		
		Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
SPECI													
Unweighted n:	177	18	24	62	55	18	16	88	59	13	45	95	34
A great deal	36%	39%	63%	37%	25%	28%	50%	28%	44%	31%	22%	27%	76%
					- -			- -			- -	- - -	++++
Somewhat	43%	33%	29%	42%	49%	56%	19%	48%	39%	62%	42%	53%	21%
												+++	- - -
A little	20%	28%	8%	19%	25%	11%	25%	24%	15%	8%	36%	18%	3%
											+++		- - -
DK/NR	1%	0%	0%	2%	0%	6%	6%	0%	2%	0%	0%	2%	0%
Chi²:		-					(.10)				(.01)		
Cramer's V:		0.18136					0.16777				0.33225		
Gamma:		0.18963					-0.13608				-0.52795		
±...points around 50%:	7	23	20	12	13	23	25	10	13	27	15	10	17

Did you do something to improve your health in the past 12 months?

	Total	Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
		Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
IMPRO																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Yes	55%	56%	46%	25%	57%	52%	60%	57%	56%	56%	49%	65%	58%	53%	53%	60%	54%	56%
No	45%	44%	54%	75%	43%	48%	40%	43%	44%	44%	51%	35%	42%	48%	47%	40%	46%	44%
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		-			-				-			-					-	
Cramer's V:		0.066			0.055				0.043			0.084					0.022	
Gamma:		0.246			0.042				0.054			0.010					-0.047	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

	Total	Region					Program				Health re others yr Age		
		Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
IMPRO													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Yes	55%	53%	53%	60% +	53%	52%	58%	53%	60%	55%	53%	58%	60%
No	45%	47%	47%	40% -	47%	48%	42%	47%	40%	45%	47%	42%	40%
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		-					-				-		
Cramer's V:		0.07156					0.06495				0.05121		
Gamma:		0.01067					-0.06581				-0.09636		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

What is the single most important change you have made in the past 12 months to improve your health?

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
SINGL																		
Unweighted n:	308	293	12	1	154	114	19	21	130	142	28	28	51	42	57	77	91	217
Increased physical activity	53%	54%	42%	0%	51%	54%	63%	52%	56%	50%	54%	32%	47%	50%	60%	58%	53%	53%
Lost weight	4%	4%	0%	0%	4%	3%	11%	5%	4%	5%	0%	0%	6%	2%	5%	5%	2%	5%
Changed eating habits	18%	17%	17%	0%	20%	17%	0%	19%	18%	17%	18%	11%	24%	21%	23%	14%	20%	17%
Managed blood pressure	1%	1%	0%	0%	1%	2%	0%	0%	0%	2%	4%	4%	0%	2%	0%	1%	2%	1%
Change physical environment	6%	6%	0%	0%	6%	5%	5%	5%	6%	6%	0%	11%	8%	0%	2%	6%	3%	6%
Acquired an assistance device or medical aio	2%	2%	0%	0%	1%	4%	0%	0%	2%	2%	0%	0%	4%	2%	2%	1%	0%	3%
Received better care services	6%	7%	0%	0%	5%	9%	5%	5%	2%	9%	11%	14%	8%	10%	2%	4%	8%	6%
Changed medication	6%	5%	25%	100%	7%	4%	5%	10%	5%	6%	7%	18%	4%	10%	5%	3%	8%	5%
Received treatment/surgery	4%	4%	17%	0%	4%	4%	11%	5%	6%	2%	7%	11%	0%	2%	2%	5%	4%	4%
Other (specify)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
DK/NR	1%	0%	0%	0%	1%	1%	0%	0%	1%	1%	0%	0%	0%	0%	0%	1%	0%	1%
Chi²:		(.05)																
Cramer's V:		0.226			0.133				0.171			0.209					0.158	
Gamma:		0.385			-0.038				0.079			-0.199					-0.008	
±...points around 50%:	6	6	28	98	8	9	22	21	9	8	19	19	14	15	13	11	10	7

What is the single most important change you have made in the past 12 months to improve your health?

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
SINGL													
Unweighted n:	308	37	53	113	81	24	30	158	103	12	163	122	21
Increased physical activity	53%	51%	49%	56%	53%	46%	50%	53%	54%	42%	54%	54%	38%
Lost weight	4%	3%	2%	4%	6%	0%	0%	6% ++	2%	0%	4%	3%	5%
Changed eating habits	18%	22%	19%	17%	19%	8%	17%	15%	20%	33%	20%	12%	29%
Managed blood pressure	1%	3%	0%	0%	4% ++	0%	0%	0% --	4% +++	0%	1%	1%	5%
Change physical environment	6%	0%	8%	4%	7%	8%	3%	6%	7%	0%	4%	9% ++	0%
Acquired an assistance device or medical aid	2%	0%	4%	3%	0%	4%	0%	1%	1%	8%	2%	2%	5%
Received better care services	6%	11%	11%	6%	4%	0%	10%	8%	4%	0%	5%	7%	10%
Changed medication	6%	5%	4%	4%	4%	25%	17% +++	4%	5%	8%	6%	6%	10%
Received treatment/ surgery	4%	5%	2%	5%	2%	8%	0%	6% +	2%	8%	4%	6%	0%
Other (specify)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
DK/NR	1%	0%	2%	0%	1%	0%	3% +	0%	1%	0%	1%	0%	0%
Chi²:							(.05)						
Cramer's V:		0.19482					0.21302				0.16768		
Gamma:		0.00629					-0.04156				0.08064		
t...points around 50%:	6	16	13	9	11	20	18	8	10	28	8	9	21

DAS - Beneficiaries

Did any of the following help you to make this change? PROBE: Any other factors which helped you make this change?

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
HELP																		
Unweighted n:	294	281	10	1	146	110	18	20	124	135	27	28	46	39	53	76	90	204
Support from family or friends	36%	36%	40%	0%	38%	38%	22%	25%	32%	39%	41%	43%	41%	31%	36%	36%	39%	35%
Increased knowledge of health risks	50%	50%	40%	100%	55% +	44%	33%	60%	48%	51%	56%	32%	48%	51%	49%	58% +	48%	50%
Changes in legislation or policies	2%	2%	0%	0%	3%	2%	0%	5%	2%	4%	0%	0%	4%	3%	4%	3%	2%	2%
Change in life situation	15%	15%	0%	0%	12%	21% ++	17%	5%	14%	17%	11%	7%	20%	13%	17%	13%	13%	16%
Advice from health professional	50%	50%	40%	100%	46%	57% ++	39%	45%	46%	54%	41%	75%	59%	51%	43%	41% -	50%	50%
None of the above	14%	15%	10%	0%	15%	11%	22%	20%	19% +	10% --	22%	11%	4% --	21%	17%	14%	14%	14%
Other	5%	5%	10%	0%	4%	5%	11%	5%	6%	4%	0%	7%	4%	0%	6%	8%	3%	5%
DK/NR	0%	0%	0%	0%	0%	1%	0%	0%	0%	1%	0%	0%	2% ++	0%	0%	0%	0%	0%
Chi²:		-			-				-			-					-	
Cramer's V:		0.089			0.147				0.150			0.163					0.073	
Gamma:		-0.029			0.084				-0.075			-0.026					0.033	
±...points around 50%:	6	6	31	98	8	9	23	22	9	8	19	19	14	16	13	11	10	7

Did any of the following help you to make this change? PROBE: Any other factors which helped you make this change?

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
HELP													
Unweighted n:	294	34	52	111	73	24	29	152	97	11	153	119	20
Support from family or friends	36%	41%	35%	32%	44%	29%	24%	38%	39%	27%	33%	42% +	30%
Increased knowledge of health risks	50%	53%	44%	50%	55%	42%	48%	47%	57% +	27%	50%	50%	40%
Changes in legislation or policies	2%	3%	4%	3%	0%	4%	3%	1%	3%	9%	4% +	1%	0%
Change in life situation	15%	15%	21%	11%	18%	13%	10%	14%	19%	9%	13%	18%	5%
Advice from health professional	50%	50%	38% -	56% +	48%	50%	41%	51%	52%	55%	46%	53%	60%
None of the above	14%	12%	21%	12%	15%	13%	17%	14%	12%	27%	18% +	12%	5%
Other	5%	6%	6%	3%	5%	8%	7%	5%	4%	0%	5%	5%	0%
DK/NR	0%	0%	2% ++	0%	0%	0%	0%	1%	0%	0%	0%	1%	0%
Chi²:		-									-		
Cramer's V:		0.13121					0.12067				0.15633		
Gamma:		-0.00784					-0.02884				-0.04887		
±...points around 50%:	6	17	14	9	11	20	18	8	10	30	8	9	22

DAS - Beneficiaries

96/09/04

What is the highest level of formal education that you have completed?

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
EDUC																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
No schooling	0%	0%	0%	0%	0%	0%	3% +++	0%	0%	0%	4% ++++	5% ++++	0%	0%	0%	0%	1%	0%
Primary school	17%	18%	15%	0%	14% --	23% +++	17%	11%	10% ----	21% ++	33% +++	30% ++	28% +++	24%	11% --	2% ----	19%	16%
Some high school	22%	22%	23%	50%	20%	28% ++	10% -	17%	20%	23%	25%	28%	30% +	24%	19%	13% ---	19%	24%
High school graduate	23%	22%	31%	25%	26% ++	19%	17%	20%	22%	24%	16%	28%	19%	23%	28%	22%	25%	21%
Some community college/ CEGEP	3%	3%	0%	0%	4% +	2%	0%	0%	5% ++	1% ---	2%	0%	0% -	3%	2%	5% +	2%	4%
Community college/CEGEP graduate	9%	9%	12%	0%	10%	8%	0% -	17% +	9%	10%	7%	2%	9%	11%	11%	9%	7%	10%
Some university	6%	6%	8%	25%	4%	5%	10%	20% ++++	6%	7%	4%	0% -	3%	10% +	9%	7%	6%	6%
Undergraduate degree (e.g., B.A., B.Sc.)	13%	13%	8%	0%	14%	10% -	27% ++	9%	19% ++++	10% -	4% --	7%	5% --	3% ---	14%	34% ++++	16% +	11% -
Graduate or post graduate degree (e.g., M.A.,	4%	4%	0%	0%	2% -	4%	17% ++++	3%	6% +++	2% -	2%	0%	2%	3%	4%	8% +++	4%	4%
Other (specify)	2%	2%	4%	0%	3% ++	0% --	0%	3%	2%	2%	2%	0%	3%	1%	3%	0% -	1%	3%
DK/NR	1%	1%	0%	0%	1%	1%	0%	0%	0% -	1%	2%	0%	0%	0%	0%	0%	1%	1%
Chi²:		-			(.01)				(.01)			(.01)					-	
Cramer's V:		0.096			0.215				0.248			0.279					0.142	
Gamma:		-0.042			-0.057				-0.276			0.416					0.006	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

What is the highest level of formal education that you have completed?

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
EDUC													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
No schooling	0%	1%	0%	1%	0%	0%	2% ++	0%	1%	0%	0%	0%	0%
Primary school	17%	26% ++	26% +++	11% ---	16%	17%	26% +	20% +	13% -	5%	15%	18%	29% +
Some high school	22%	24%	29% +	21%	19%	24%	22%	23%	19%	27%	20%	23%	37% ++
High school graduate	23%	18%	20%	30% +++	18%	17%	20%	24%	18% -	36%	21%	28% ++	9% --
Some community college/ CEGEP	3%	3%	5%	3%	2%	2%	0%	3%	2%	9%	4%	3%	0%
Community college/CEGEP graduate	9%	6%	6%	11%	10%	13%	10%	8%	12% +	5%	10%	9%	6%
Some university	6%	6%	3%	5%	7%	11%	6%	4% -	9% ++	5%	6%	5%	9%
Undergraduate degree (e.g., B.A., B.Sc.)	13%	9%	7% -	14%	16% +	13%	10%	10% -	18% +++	14%	16% ++	9% --	9%
Graduate or post graduate degree (e.g., M.A.,	4%	3%	2%	3%	6% +	2%	2%	3%	6% ++	0%	5%	3%	0%
Other (specify)	2%	4%	1%	1% -	4% ++	0%	0%	3% +	1%	0%	3%	1%	3%
DK/NR	1%	0%	0%	1%	1%	0%	2%	1%	1%	0%	0%	1%	0%
Chi²:		(.10)					(.05)				-		
Cramer's V:		0.15857					0.16866				0.16002		
Gamma:		0.15975					0.18329				-0.17341		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

OAS - Beneficiaries
What kind of place do you live in?

96/09/04

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti-red	Home-maker	Employed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
WHERE																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Private residence	85%	85%	92%	50%	93%	78%	87%	66%	90%	84%	75%	74%	77%	84%	90%	91%	91%	83%
					++++	----		----	+++		--	--	--		+	++	++	--
Retirement home	7%	7%	0%	0%	1%	12%	7%	14%	1%	9%	15%	19%	14%	4%	1%	1%	4%	8%
					----	++++		+	----	+	++	++++	+++		--	---	-	+
Institutional facility	1%	1%	0%	0%	0%	2%	0%	0%	0%	0%	4%	5%	0%	1%	0%	0%	1%	1%
						+					++	+++						
Other (specify)	7%	7%	8%	50%	5%	8%	7%	20%	8%	7%	7%	2%	9%	11%	9%	9%	5%	8%
					-			+++										
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi^2:		-			(.01)				(.01)			(.01)					-	
Cramer's V:		0.109			0.165				0.155			0.195					0.108	
Gamma:		-0.021			0.470				0.288			-0.280					0.325	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

What kind of place do you live in?

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
WHERE													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Private residence	85%	88%	80%	87%	84%	87%	82%	86%	85%	82%	88%	82%	77%
											++		
Retirement home	7%	9%	5%	5%	8%	7%	6%	7%	6%	9%	5%	8%	11%
											--		
Institutional facility	1%	0%	2%	1%	1%	0%	2%	1%	1%	0%	1%	1%	0%
Other (specify)	7%	3%	13%	7%	7%	7%	10%	6%	9%	9%	6%	9%	11%
			++										
DK/NR	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		-					-				-		
Cramer's V:		0.07921					0.05061				0.08801		
Gamma:		-0.01930					0.00195				0.24927		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

DAS - Beneficiaries

How many people, including yourself, live in your residence?

96/09/04

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti-red	Home-maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
NUMB																		
Unweighted n:	471	442	24	2	252	170	26	23	205	214	41	33	66	67	94	116	154	317
1	36%	37%	38%	0%	1%	76%	73%	83%	38%	34%	44%	42%	52%	45%	37%	23%	15%	47%
					----	++++							+++			----	----	++++
2	53%	53%	46%	100%	87%	14%	19%	13%	55%	54%	34%	33%	41%	45%	55%	67%	73%	43%
					++++	----					--	--	--			++++	++++	----
3 +	10%	10%	17%	0%	12%	9%	8%	4%	6%	12%	22%	24%	8%	10%	7%	9%	11%	10%
									---		++	+++						
DK/NR	0%	0%	0%	0%	0%	1%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	1%	0%
Chi²:		-			(.01)				(.05)			(.01)					(.01)	
Cramer's V:		0.058			0.463				0.135			0.194					0.317	
Gamma:		0.084			-0.759				0.092			0.188					-0.483	
±...points around 50%:	5	5	20	69	6	8	19	20	7	7	15	17	12	12	10	9	8	6
Weighted n for mean:	469	440	24	2	251	169	26	23	203	214	41	33	66	67	94	116	153	316
Mean:	1.82	1.81	1.92	2.00	2.20	1.40	1.42	1.22	1.72	1.87	1.90	2.21	1.61	1.76	1.74	1.88	2.03	1.72
Std dev:	0.89	0.88	1.02	0.00	0.71	0.90	0.90	0.52	0.75	0.91	1.04	1.58	0.78	0.99	0.73	0.61	0.78	0.92
Student's t:	*	-	-	.01	.01	.01	.05	.01	.05	-	-	-	.05	-	-	-	.01	.01

How many people, including yourself, live in your residence?

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
NUMB													
Unweighted n:	471	60	79	163	129	40	41	256	145	18	270	172	27
1	36%	28%	44%	29%	41%	45%	29%	34%	42%	22%	34%	42%	22%
				--					+			++	
2	53%	62%	44%	56%	52%	45%	54%	55%	50%	56%	56%	48%	52%
			-										
3 +	10%	10%	11%	13%	7%	10%	15%	10%	8%	22%	10%	9%	26%
DK/NR	0%	0%	0%	1%	0%	0%	2%	0%	1%	0%	0%	1%	0%
				+			++						
Chi²:		-					-				(.10)		
Cramer's V:		0.10421					0.09798				0.11267		
Gamma:		-0.08835					-0.09434				-0.03417		
±...points around 50%:	5	13	11	8	9	15	15	6	8	23	6	7	19
Weighted n for mean:	469	60	79	161	129	40	40	256	144	18	269	171	27
Mean:	1.82	1.90	1.72	1.92	1.71	1.85	2.05	1.82	1.72	2.22	1.84	1.74	2.19
Std dev:	0.89	0.88	0.82	0.88	0.78	1.27	1.24	0.83	0.82	1.11	0.87	0.88	1.00
Student's t:	*	-	-	.10	.10	-	-	-	.10	-	-	-	.10

DAS - Beneficiaries
What is the approximate size of the community in which you live?

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti-red	Home-maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
SIZE																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Less than 10,000	37%	37%	42%	50%	40%	39%	23%	14%	34%	39%	44%	42%	53%	43%	28%	27%	38%	37%
								---					++++		--	---		
10,000 to 99,999	29%	30%	27%	0%	34%	25%	17%	29%	32%	30%	16%	14%	23%	29%	34%	34%	38%	26%
					++	-					--	--					+++	---
100,000 to 1 million	23%	24%	4%	50%	21%	22%	43%	34%	27%	21%	20%	23%	13%	19%	33%	32%	22%	24%
		++					+++						--		++	+++		
1 million plus	5%	5%	8%	0%	2%	7%	7%	9%	6%	3%	5%	0%	3%	6%	6%	6%	2%	6%
					---	+											--	++
DK/NR	5%	5%	19%	0%	2%	7%	10%	14%	1%	7%	15%	21%	7%	4%	0%	0%	1%	8%
		----			---			++	----		+++	++++			---	---	----	++++
Chi²:		(.05)			(.01)				(.01)			(.01)					.01	
Cramer's V:		0.128			0.156				0.157			0.206					0.194	
Gamma:		0.011			0.236				-0.023			0.123					0.156	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

What is the approximate size of the community in which you live?

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
SIZE													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Less than 10,000	37%	54%	23%	31%	55%	9%	18%	45%	36%	5%	37%	39%	31%
		+++	---	--	++++	----	---	++++					
10,000 to 99,999	29%	29%	43%	27%	15%	57%	48%	25%	28%	41%	33%	24%	31%
			++++		----	++++	+++	--			+	--	
100,000 to 1 million	23%	10%	16%	29%	26%	26%	20%	19%	27%	50%	21%	28%	20%
		---	-	++				--				++	
1 million plus	5%	1%	5%	9%	1%	4%	6%	5%	5%	0%	5%	5%	6%
				++++	---								
DK/NR	5%	4%	12%	4%	3%	4%	8%	6%	4%	5%	5%	4%	11%
			+++										
Chi^2:		(.01)					(.01)				-		
Cramer's V:		0.21140					0.15116				0.09439		
Gamma:		0.00418					0.06024				0.05271		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

What is the language you first learned in childhood and still understand?

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Retired	Home-maker	Employed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
CULT																		
Unweighted n:	531	502	24	2	257	209	30	35	219	242	54	41	80	74	100	127	166	365
English	62%	62%	71%	100%	63%	62%	57%	66%	69%	56%	57%	66%	56%	55%	70%	62%	65%	61%
									+++	---					+			
French	23%	24%	17%	0%	21%	25%	33%	17%	20%	26%	26%	17%	30%	19%	19%	26%	16%	26%
																	--	++
Other	15%	15%	13%	0%	16%	13%	10%	17%	11%	18%	17%	17%	14%	26%	11%	12%	19%	13%
									--	+				+++			+	-
Chi²:		-			-				.10			.10					.05	
Cramer's V:		0.045			0.060				0.093			0.128					0.122	
Gamma:		-0.225			-0.002				0.197			-0.062					0.026	
±...points around 50%:	4	4	20	69	6	7	18	17	7	6	13	15	11	11	10	9	8	5

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
CULT													
Unweighted n:	531	65	99	184	139	44	50	285	163	21	289	204	34
English	62%	75%	10%	82%	65%	70%	60%	61%	67%	71%	65%	60%	56%
		++	----	++++					+				
French	23%	23%	87%	7%	6%	0%	26%	24%	17%	14%	24%	22%	21%
			++++	----	----	----			--				
Other	15%	2%	3%	11%	29%	30%	14%	15%	16%	14%	11%	18%	24%
		---	----		++++	+++					--	+	
Chi²:		.01					-				-		
Cramer's V:		0.54998					0.06685				0.07839		
Gamma:		-0.09130					-0.08505				0.13347		
±...points around 50%:	4	12	10	7	8	15	14	6	8	21	6	7	17

Which of the following three statements best describes your current financial situation?

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
MEET																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Extras	41%	41%	42%	50%	44%	39%	50%	26%	100%	0%	0%	14%	19%	30%	43%	78%	42%	41%
								-	++++	----	----	----	----	--		++++		
Little for extras	46%	47%	35%	50%	46%	46%	43%	54%	0%	100%	0%	49%	63%	59%	53%	21%	45%	47%
									----	++++	----		++++	++		----		
Barely meet needs	10%	10%	19%	0%	8%	11%	7%	20%	0%	0%	100%	35%	16%	11%	4%	0%	11%	9%
								++	----	----	++++	++++	++		--	----		
DK/NR	3%	3%	4%	0%	2%	5%	0%	0%	0%	0%	0%	2%	2%	0%	0%	1%	2%	3%
						+								-	-			
Chi²:		-			-				.01			(.01)					-	
Cramer's V:		0.058			0.090				1.000			0.325					0.037	
Gamma:		0.032			0.114				1.000			-0.633					0.007	
±...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
MEET													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Extras	41%	32%	31%	44%	46%	46%	34%	39%	50%	14%	49%	34%	20%
			--						+++		++++	---	---
Little for extras	46%	41%	53%	45%	45%	48%	36%	48%	43%	68%	42%	50%	60%
											--		+
Barely meet needs	10%	24%	13%	9%	7%	0%	22%	10%	6%	18%	8%	11%	17%
		++++				--	+++		--				
DK/NR	3%	3%	3%	2%	3%	7%	8%	4%	1%	0%	1%	6%	3%
							++		--		---	+++	
Chi²:		(.01)					(.01)				(.01)		
Cramer's V:		0.13301					0.14199				0.15623		
Gamma:		-0.18115					-0.16652				0.31188		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

DAS - Beneficiaries

Approximately what was your total annual household income before deductions in the year ending December 31, 1995? Would it be.....

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
HOU																		
Unweighted n:	553	520	26	4	270	218	30	35	227	255	55	43	86	80	104	128	170	383
Less than $10,000	8%	7%	27%	25%	5%	10%	13%	14%	3%	8%	27%	100%	0%	0%	0%	0%	4%	9%
		----			--				----		++++	++++	---	---	---	----	--	++
$10,000 to $14,999	16%	16%	15%	0%	10%	22%	17%	17%	7%	21%	25%	0%	100%	0%	0%	0%	9%	18%
					----	++++			----	++++	++	---	++++	----	----	----	---	+++
$15,000 to $19,999	14%	15%	15%	0%	12%	17%	0%	29%	11%	18%	16%	0%	0%	100%	0%	0%	15%	14%
							--	++	--	++		---	----	++++	----	----		
$20,000 to $29,999	19%	19%	12%	50%	21%	15%	33%	14%	20%	22%	7%	0%	0%	0%	100%	0%	21%	18%
						--	++				--	---	----	----	++++	----		
$30,000 or over	23%	24%	4%	25%	33%	14%	20%	9%	44%	11%	0%	0%	0%	0%	0%	100%	40%	16%
					++++	----		--	++++	----	----	----	----	----	----	++++	++++	----
DK/NR	20%	20%	27%	0%	19%	22%	17%	17%	16%	20%	24%	0%	0%	0%	0%	0%	11%	25%
									--								----	++++
Chi²:		(.01)			(.01)				(.01)			(.01)					.01	
Cramer's V:		0.148			0.187				0.357			1.000					0.307	
Gamma:		-0.233			-0.204				-0.355			1.000					-0.097	
t...points around 50%:	4	4	19	49	6	7	18	17	7	6	13	15	11	11	10	9	8	5

Approximately what was your total annual household income before deductions in the year ending December 31, 1995? Would it be.....

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
HOU													
Unweighted n:	553	68	99	188	152	46	50	298	171	22	304	210	35
Less than $10,000	8%	16%	7%	7%	4%	13%	22%	7%	6%	5%	7%	8%	11%
		+++			---		++++						
$10,000 to $14,999	16%	25%	17%	9%	18%	15%	16%	16%	16%	5%	17%	13%	14%
		++		---									
$15,000 to $19,999	14%	10%	13%	17%	16%	9%	8%	13%	16%	36%	15%	13%	17%
$20,000 to $29,999	19%	19%	14%	23%	18%	15%	6%	20%	20%	27%	19%	20%	9%
				+			--						
$30,000 or over	23%	16%	22%	24%	26%	22%	16%	21%	28%	18%	27%	18%	20%
									+		++	--	
DK/NR	20%	13%	26%	20%	18%	26%	32%	22%	14%	9%	14%	28%	29%
							++		-		----	++++	
Chi²:		(.05)					(.01)				(.01)		
Cramer's V:		0.12403					0.16325				0.14555		
Gamma:		0.05889					-0.02896				0.10105		
±...points around 50%:	4	12	10	7	8	14	14	6	7	21	6	7	17

Gender

```
                               Employment Status      Maritial Status          Inc to meet Needs         Household Income            Gender
                              ------------------  ------------------------  -------------------  ----------------------------------  -----------
                              Reti- Home- Emplo   Marrd              Seprt  Affrd  Few   Barly   $10, $10 - $15 - $20 -
                      Total    red  maker  yed    C.Law Widow Sngle Divrc   Extra Extra needs   >$10K  $14K  $19K  $29K $30K+     M      F
                      -----   ----- ----- -----   ----- ----- ----- -----   ----- ----- -----   ----- ----- ----- ----- -----   -----  -----
SEX
       Unweighted n:   553     520    26     4     270   218    30    35     227   255    55      43    86    80   104   128     170    383
Male                   31%     33%    0%   25%     48%   14%   20%   11%     31%   30%   35%     16%   19%   33%   34%   53%    100%     0%
                              ++++                ++++  ----          --                         --   ---               ++++    ++++   ----
Female                 69%     68%  100%   75%     52%   86%   80%   89%     69%   70%   65%     84%   81%   68%   66%   47%      0%   100%
                              ----                ----  ++++          ++                         ++   +++               ----    ----   ++++
               Chi²:         (.01)                 .01                         -                .01                              .01
         Cramer's V:         0.150               0.362                     0.031               0.285                            1.000
              Gamma:         0.857               0.621                    -0.006              -0.414                            1.000
 ±...points around 50%:  4       4    19    49       6     7    18    17       7     6    13      15    11    11    10     9       8      5

                                          Region                                Program                  Health re others yr Age
                             ------------------------------------  ----------------------------------  -----------------------
                                                                   New Hrz   New                        Very
                      Total   Atlantc Quebec Ontario Prair's   BC  Partner Horizns   SIP   Venturs      Good  Average  Poor
                      -----   ------- ------ ------- ------- ----- ------- -------  -----  -------      ----  -------  ----
SEX
       Unweighted n:   553        68     99     188     152    46       50     298    171      22       304     210     35
Male                   31%       41%    18%     35%     26%   41%      30%     33%    29%     36%       36%     26%    20%
                                  ++    ---                                                            +++      --
Female                 69%       59%    82%     65%     74%   59%      70%     67%    71%     64%       64%     74%    80%
                                        +++                                                            ---      ++
               Chi²:             .01                                     -                              .05
         Cramer's V:         0.16967                               0.03964                          0.12130
              Gamma:         0.01360                               0.02125                          0.24833
 ±...points around 50%:  4        12     10       7       8    14       14       6      3      21         6       7     17
```

Age

		Employment Status			Maritial Status				Inc to meet Needs			Household Income					Gender	
	Total	Reti- red	Home- maker	Emplo yed	Marrd C.Law	Widow	Sngle	Seprt Divrc	Affrd Extra	Few Extra	Barly needs	$10, >$10K	$10 - $14K	$15 - $19K	$20 - $29K	$30K+	M	F
AGE																		
Unweighted n:	539	510	26	2	260	215	30	34	220	248	55	42	85	80	101	121	168	371
65-69	26%	25%	31%	50%	31% +++	15% ----	23%	50% ++++	24%	26%	33%	24%	26%	25%	30%	21%	23%	27%
70-74	36%	37%	27%	50%	41% ++	31% --	47%	21% -	35%	38%	36%	40%	39%	40%	32%	41%	39%	35%
75-79	25%	25%	23%	0%	19% ---	33% ++++	20%	21%	26%	23%	20%	26%	22%	20%	27%	26%	23%	26%
80 +	13%	13%	19%	0%	9% ---	20% ++++	10%	9%	14%	13%	11%	10%	13%	15%	12%	12%	15%	13%
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		-			(.01)				-			-					-	
Cramer's V:		0.053			0.176				0.052			0.064					0.068	
Gamma:		-0.029			0.183				-0.089			0.030					-0.031	
±...points around 50%:	4	4	19	69	6	7	18	17	7	6	13	15	11	11	10	9	8	5
Weighted n for mean:	538	509	26	2	260	214	30	34	220	248	55	42	85	80	101	121	168	370
Mean:	73.4	73.5	73.5	70.5	72.4	75.2	72.8	71.3	73.6	73.2	72.9	73.7	73.2	73.5	73.2	73.4	73.7	73.3
Std dev:	5.34	5.31	5.99	4.95	4.99	5.39	5.14	4.87	5.41	5.19	5.53	5.60	4.86	5.74	5.07	5.26	5.54	5.25
Student's t:	*	-	-	-	.01	.01	-	.05	-	-	-	-	-	-	-	-	-	-

		Region					Program				Health re others yr Age		
	Total	Atlantc	Quebec	Ontario	Prair's	BC	New Hrz Partner	New Horizns	SIP	Venturs	Very Good	Average	Poor
AGE													
Unweighted n:	539	68	98	185	147	41	50	291	165	21	296	205	35
65-69	26%	13%	28%	34%	21%	20%	36%	24%	21%	48%	26%	26%	23%
		--		+++			+		-				
70-74	36%	49%	35%	34%	37%	27%	32%	36%	39%	29%	35%	38%	37%
		++											
75-79	25%	25%	27%	21%	27%	32%	26%	24%	27%	19%	24%	25%	31%
80 +	13%	13%	11%	11%	15%	22%	6%	15%	13%	5%	16%	11%	9%
						+							
DK/NR	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		(.10)					-				-		
Cramer's V:		0.10518					0.09548				0.07141		
Gamma:		0.05933					0.02902				-0.03205		
±...points around 50%:	4	12	10	7	8	15	14	6	8	21	6	7	17
Weighted n for mean:	538	68	98	185	146	41	50	290	165	21	296	204	35
Mean:	73.4	74.1	73.1	72.7	73.9	75.0	72.3	73.7	73.7	71.2	73.7	73.2	73.1
Std dev:	5.34	4.71	4.99	5.47	5.42	5.86	5.00	5.49	5.11	4.91	5.51	5.18	4.72
Student's t:	*	-	-	.05	-	.10	.10	-	-	.05	-		-

How did you first hear about Health Canada's programs for aging and seniors?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
AWAR											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Word of mouth (family,	7%	4%	13%	10%	4%	19%	13%	9%	5%	10%	5%
friends)		--	+++	+	-	+++	+			+	-
From other health or so	20%	21%	13%	10%	25%	13%	10%	15%	22%	22%	18%
cial service profession			-	---	+++						
Through a seniors assoc	14%	15%	15%	11%	16%	13%	13%	13%	15%	16%	13%
iation or organization											
Through a publication	27%	29%	23%	31%	27%	19%	28%	29%	26%	23%	30%
Flyer or brochure	10%	9%	15%	10%	9%	16%	13%	9%	11%	11%	10%
			+								
Through Health Canada b	3%	3%	2%	3%	3%	0%	3%	5%	2%	3%	2%
ooth											
Through a presentation	2%	2%	1%	1%	3%	3%	0%	3%	2%	1%	3%
at a conference											
Advertisement - radio,	4%	1%	11%	9%	1%	19%	10%	4%	5%	4%	5%
newspaper, television		----	++++	+++	----	++++	+				
Work	5%	5%	2%	2%	5%	0%	3%	6%	4%	6%	5%
Other	2%	3%	0%	4%	0%	0%	0%	0%	3%	2%	2%
		+		+	--			-	+		
DK/NR	6%	7%	5%	6%	6%	0%	8%	7%	5%	3%	8%
											+
Chi²:		(.01)		(.01)		-		-		-	
Cramer's V:		0.32232		0.34354		0.32404		0.19573		0.18452	
Gamma:		-0.00793		-0.15132		0.09653		-0.04338		0.16497	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7

What was the main reason why you contacted Health Canada's aging and seniors programs?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
SERV											
Unweighted n:	297	204	86	96	181	32	38	108	189	122	175
INFORMATION about other government programs d	37%	35%	43%	45% +	33% -	44%	47%	38%	37%	32%	41%
INFORMATION about a specific issue	16%	13% -	20%	19%	13%	22%	13%	16%	16%	17%	15%
INFORMATION about receiving/applying for fundi	9%	8%	12%	9%	9%	9%	13%	12%	7%	17% ++++	3% ----
INFORMATION on aging and seniors in general	2%	1%	2%	3%	1% -	6% ++	0%	1%	2%	2%	2%
RESEARCH, publications on seniors issues	25%	31% ++++	10% ----	20%	29% +	9% --	11% --	21%	27%	18% --	30% ++
REFERRAL to another service or government prog	1%	1%	1%	0%	1%	0%	3%	1%	1%	1%	1%
SPECIALIZED ADVICE on a specific issue	4%	5%	3%	2%	6%	3%	3%	1% --	6% ++	6%	3%
REFERRED BY another organization	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
To seek support or partnership for a project	3%	3%	5%	0% --	6% ++	3%	5%	6% ++	2% --	4%	3%
Was contacted by Dep't/ Didn't contact Dep't	2%	1%	2%	3%	1%	6% ++	0%	1%	2%	2%	2%
Other	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
DK/NR	3%	3%	3%	2%	3%	3%	5%	4%	3%	3%	3%
Chi²:		(.10)		(.05)		-		-		(.01)	
Cramer's V:		0.22967		0.26486		0.31708		0.21674		0.28353	
Gamma:		-0.16728		0.23769		-0.04830		0.04511		-0.05348	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7

On what subject were you interested in obtaining information, advice or referral?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
TOPIC											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Medicare	18%	13%	26%	22%	14%	16%	36%	22%	15%	8%	24%
		---	++		-		+++			----	++++
Nursing homes/instituti	16%	20%	6%	16%	16%	3%	8%	11%	19%	9%	21%
ons		+++	---			--		-	+	---	+++
Benefits like prescript	14%	13%	18%	19%	11%	22%	15%	12%	16%	9%	18%
ion drugs					--					--	++
Assistive devices	9%	12%	2%	3%	13%	0%	3%	5%	12%	7%	11%
		++	---	--	++	-		-	+		
Social support services	39%	42%	32%	32%	45%	28%	28%	37%	40%	37%	41%
(services for seniors,		+			++						
Household support servi	15%	15%	11%	14%	15%	19%	8%	15%	15%	13%	16%
ces (e.g., services for											
Financial, economic iss	25%	21%	34%	35%	19%	41%	28%	28%	23%	31%	20%
ues (pension, old age s		--	++	+++	---	++				++	--
Housing	10%	11%	8%	7%	12%	16%	3%	8%	11%	7%	11%
Mobility, accessibility	5%	5%	3%	5%	5%	9%	0%	3%	6%	4%	6%
Personal safety and sec	9%	11%	3%	5%	11%	6%	3%	8%	9%	4%	12%
urity		++	--		+					--	++
Employment (e.g., manda	3%	4%	2%	4%	3%	0%	5%	3%	4%	3%	3%
tory retirement legisla											
General infromation on	11%	12%	7%	9%	11%	6%	10%	9%	12%	8%	12%
aging and seniors											
Other	1%	0%	2%	2%	0%	3%	3%	1%	1%	2%	0%
		--	++	++		+				+	-
DK/NR	7%	7%	8%	3%	8%	6%	5%	8%	6%	7%	7%
Chi²:		(.01)		(.01)		-		-		(.01)	
Cramer's V:		0.36865		0.32752		0.48754		0.20340		0.35192	
Gamma:		-0.03779		0.05516		-0.23238		-0.01352		-0.15445	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7

Did you contact Health Canada for yourself, on behalf of an organization or on behalf of another person?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
ORG											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
For myself	32%	22%	59%	100%	0%	69%	54%	40%	27%	39%	27%
		----	++++	++++	----	++++	+++	++	--	++	--
On behalf of organization	61%	71%	32%	0%	100%	28%	33%	51%	66%	54%	65%
		++++	----	----	++++	----	----	---	+++	-	+
On behalf of another person	3%	4%	1%	0%	0%	0%	3%	5%	3%	4%	3%
DK/NR	4%	2%	8%	0%	0%	3%	10%	5%	4%	2%	5%
		--	++				++				
Chi²:		(.01)		.01		-		(.10)		-	
Cramer's V:		0.40280		1.00000		0.20170		0.15378		0.14304	
Gamma:		-0.50135		1.00000		0.32632		0.17937		0.22545	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7

On whose behalf did you contact Health Canada's seniors and aging programs?

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
BEHAL											
Unweighted n:	9	8	1	0	0	0	1	5	4	4	5
Parent	33%	38%	0%	0%	0%	0%	0%	40%	25%	0%	60%
Friend	11%	13%	0%	0%	0%	0%	0%	20%	0%	25%	0%
Neighbour	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Spouse	22%	13%	100%	0%	0%	0%	100%	0%	50%	50%	0%
Other	33%	38%	0%	0%	0%	0%	0%	40%	25%	25%	40%
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		-						-		(.10)	
Cramer's V:		0.66144						0.63246		0.83666	
Gamma:		0.14286						0.12500		-0.33333	
±...points around 50%:	33	35	98	*	*	*	98	44	49	49	44

Do you have primary responsibility for the care of this person?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
CARE											
Unweighted n:	9	8	1	0	0	0	1	5	4	4	5
Yes	22%	13%	100%	0%	0%	0%	100%	0%	50%	25%	20%
No	78%	88%	0%	0%	0%	0%	0%	100%	50%	75%	80%
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		(.05)						(.10)		-	
Cramer's V:		0.66144						0.59761		0.05976	
Gamma:		-1.00000						-1.00000		0.14286	
±...points around 50%:	33	35	98	*	*	*	98	44	49	49	44

What was the result of your contact with Health Canada?

	Total	Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
RCON											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Referred to another organization	8%	9%	7%	7%	9%	6%	10%	10%	7%	10%	7%
Received information/publication in the mail	83%	85%	77%	83%	86%	72%	82%	82%	84%	72%	90%
		+	-			-				----	++++
Received information over the telephone	23%	25%	16%	16%	27%	13%	21%	26%	21%	26%	21%
			-	--	++						
Recieved no contact/response	4%	2%	7%	3%	4%	9%	5%	3%	4%	7%	1%
		-	+			+				+++	---
Other (specify)	0%	0%	0%	0%	1%	0%	0%	0%	1%	1%	0%
DK/NR	5%	4%	8%	4%	4%	9%	8%	7%	4%	7%	5%
Chi²:		-		-		-		-		(.05)	
Cramer's V:		0.16772		0.12483		0.15680		0.11509		0.21621	
Gamma:		0.07063		0.11905		-0.09524		-0.03231		-0.18859	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7

Did your contact with Health Canada's seniors and aging programs meet your expectations?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
RESUL											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Yes	80%	85%	67%	81%	81%	63%	72%	78%	81%	72%	85%
		++++	----			--				---	+++
No	13%	9%	22%	16%	12%	31%	13%	15%	12%	22%	7%
		---	+++			+++				++++	----
DK/NR	7%	6%	11%	3%	7%	6%	15%	7%	7%	6%	8%
			+	-			++				
Chi²:		.01		-		-		-		.01	
Cramer's V:		0.20816		0.09621		0.24758		0.03503		0.22371	
Gamma:		0.44425		0.02153		-0.10543		-0.06197		-0.29730	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7

How would you rate your level of satisfaction with the information and services you recieved in terms of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
PROMP PROMPTINESS in receiving the information/ material you requested											
Unweighted n:	115	69	44	46	63	19	18	45	70	115	0
Satisfied	77%	81%	70%	72%	79%	68%	72%	80%	76%	77%	0%
Neither satisfied nor d issatisfied	9%	9%	9%	9%	10%	11%	11%	4%	11%	9%	0%
Dissatisfied	8%	9%	7%	9%	8%	11%	0%	4%	10%	8%	0%
DK/NR	6%	1%	14%	11%	3%	11%	17%	11%	3%	6%	0%
		--	+++	+				+	-		
Chi²:		(.10)		-		-		-			
Cramer's V:		0.24827		0.15718		0.24243		0.22356			
Gamma:		0.30671		-0.22111		-0.05521		0.05491			
±...points around 50%:	9	12	15	14	12	22	23	15	12	9	*
Weighted n for mean:	108	68	38	41	61	17	15	40	68	108	0
Mean:	1.26	1.26	1.26	1.29	1.26	1.35	1.13	1.15	1.32	1.26	*
Std dev:	0.602	0.614	0.601	0.642	0.603	0.702	0.352	0.483	0.657	0.602	*
Student's t:	*	-	-	-	-	-	-	-	-	*	*

How would you rate your level of satisfaction with the information and services you recieved in terms of...

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
UNDER UNDERSTANDING of your request/problem											
Unweighted n:	123	73	48	48	67	22	19	49	74	123	0
Satisfied	75%	82%	63%	73%	82%	64%	53%	63%	82%	75%	0%
		++	--		++			--	++		
Neither satisfied nor d issatisfied	6%	5%	6%	8%	3%	5%	11%	14%	0%	6%	0%
								++++	----		
Dissatisfied	11%	10%	13%	8%	9%	14%	16%	10%	11%	11%	0%
DK/NR	9%	3%	19%	10%	6%	18%	21%	12%	7%	9%	0%
		---	+++								
Chi²:		(.05)		-		-		(.01)			
Cramer's V:		0.28652		0.14899		0.13834		0.32538			
Gamma:		0.47426		-0.23164		0.15538		-0.37658			
±...points around 50%:	9	11	14	14	12	21	22	14	11	9	*
Weighted n for mean:	112	71	39	43	63	18	15	43	69	112	0
Mean:	1.29	1.25	1.38	1.28	1.22	1.39	1.53	1.40	1.23	1.29	*
Std dev:	0.666	0.626	0.747	0.630	0.608	0.778	0.834	0.695	0.645	0.666	*
Student's t:	*	-	-	-	-	-	-	-	-	*	*

How would you rate your level of satisfaction with the information and services you recieved in terms of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
SOUR Ability to REFER you to the appropriate source....											
Unweighted n:	11	8	3	5	5	2	1	5	6	11	0
Satisfied	55%	50%	67%	40%	80%	50%	100%	40%	67%	55%	0%
Neither satisfied nor dissatisfied	18%	25%	0%	20%	20%	0%	0%	20%	17%	18%	0%
Dissatisfied	27%	25%	33%	40%	0%	50%	0%	40%	17%	27%	0%
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi^2:		-		-		-		-			
Cramer's V:		0.28868		0.51640		0.50000		0.28868			
Gamma:		-0.14286		-0.75000		-1.00000		-0.47368			
±...points around 50%:	30	35	57	44	44	69	98	44	40	30	*
Weighted n for mean:	11	8	3	5	5	2	1	5	6	11	0
Mean:	1.73	1.75	1.67	2.00	1.20	2.00	1.00	2.00	1.50	1.73	*
Std dev:	0.90	0.89	1.15	1.00	0.45	1.41	*	1.00	0.84	0.90	*
Student's t:	*	-	-	-	.10	-	*	-	-	*	*

How would you rate your level of satisfaction with the information and services you recieved in terms of...

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
DELIV Ability to actually deliver on your request											
Unweighted n:	115	69	44	46	63	19	18	45	70	115	0
Satisfied	70%	80%	55%	65%	76%	63%	44%	71%	70%	70%	0%
		+++	---								
Neither satisfied nor dissatisfied	6%	6%	7%	4%	8%	5%	11%	2%	9%	6%	0%
Dissatisfied	16%	13%	20%	17%	11%	16%	22%	16%	16%	16%	0%
DK/NR	8%	1%	18%	13%	5%	16%	22%	11%	6%	8%	0%
		---	+++	+							
Chi²:		(.01)		-		-		-			
Cramer's V:		0.33722		0.19039		0.19404		0.15711			
Gamma:		0.53560		-0.28093		0.27273		-0.03313			
±...points around 50%:	9	12	15	14	12	22	23	15	12	9	*
Weighted n for mean:	106	68	36	40	60	16	14	40	66	106	0
Mean:	1.41	1.32	1.58	1.45	1.32	1.44	1.71	1.37	1.42	1.41	*
Std dev:	0.766	0.701	0.874	0.815	0.676	0.814	0.914	0.774	0.766	0.766	*
Student's t:	*	-	-	-	-	-	-	-	-	*	*

How would you rate your level of satisfaction with the information and services you recieved in terms of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
RELE RELEVANCE of the information, publication or advice you received											
Unweighted n:	284	197	80	93	174	29	36	103	181	115	169
Satisfied	83%	85%	79%	80%	85%	72%	81%	82%	83%	79%	85%
		+									
Neither satisfied nor dissatisfied	9%	8%	9%	12%	8%	10%	8%	12%	8%	9%	9%
Dissatisfied	3%	3%	4%	2%	2%	3%	6%	2%	4%	6%	1%
										++	--
DK/NR	5%	4%	9%	6%	5%	14%	6%	5%	5%	6%	4%
			+								
Chi²:		-		-		-		-		-	
Cramer's V:		0.11152		0.07616		0.15413		0.08173		0.14616	
Gamma:		0.22393		-0.17450		-0.22596		-0.04745		-0.20956	
±...points around 50%:	6	7	11	10	7	18	16	10	7	9	8
Weighted n for mean:	270	190	73	87	166	25	34	98	172	108	162
Mean:	1.16	1.15	1.18	1.17	1.13	1.20	1.21	1.16	1.16	1.22	1.12
Std dev:	0.451	0.436	0.481	0.437	0.405	0.500	0.538	0.423	0.468	0.553	0.366
Student's t:	*	-	-	-	-	-	-	-	-	.10	.10

AS: General Public Survey 96/09/12

How would you rate your level of satisfaction with the information and services you recieved in terms of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
CLAR CLARITY of the information,publication,advice (easy to understand)											
Unweighted n:	284	197	80	93	174	29	36	103	181	115	169
Satisfied	86%	87%	83%	84%	88%	83%	81%	83%	87%	83%	88%
Neither satisfied nor dissatisfied	6%	7%	3%	6%	6%	3%	3%	8%	5%	5%	7%
Dissatisfied	4%	3%	6%	4%	2%	3%	11%	5%	3%	5%	2%
							+++				
DK/NR	5%	3%	9%	5%	4%	10%	6%	4%	5%	6%	4%
		-	++								
Chi²:		(.05)		-		-		-		-	
Cramer's V:		0.17372		0.06769		0.16352		0.08292		0.10045	
Gamma:		0.21076		-0.16268		0.04451		-0.13247		-0.17095	
±...points around 50%:	6	7	11	10	7	18	16	10	7	9	8
Weighted n for mean:	271	191	73	88	167	26	34	99	172	108	163
Mean:	1.14	1.13	1.16	1.16	1.11	1.12	1.26	1.18	1.11	1.17	1.12
Std dev:	0.439	0.404	0.527	0.477	0.381	0.431	0.666	0.502	0.397	0.502	0.391
Student's t:	*	-	-	-	-	-	-	-	-	-	-

How would you rate your level of satisfaction with the information and services you recieved in terms of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
USE USEFULNESS of the information, publication or advice you received											
Unweighted n:	284	197	80	93	174	29	36	103	181	115	169
Satisfied	82%	86%	74%	75%	86%	69%	78%	82%	82%	73%	88%
		++	--	--	++					---	+++
Neither satisfied nor dissatisfied	8%	7%	8%	13%	5%	7%	8%	9%	7%	10%	6%
				++	--						
Dissatisfied	6%	4%	11%	8%	5%	17%	8%	6%	6%	11%	2%
		--	++							+++	---
DK/NR	4%	3%	8%	4%	4%	7%	6%	4%	4%	5%	4%
			+								
Chi²:		(.05)		(.10)		-		-		(.01)	
Cramer's V:		0.17425		0.15509		0.14112		0.03034		0.21634	
Gamma:		0.36037		-0.30455		-0.21569		-0.01658		-0.44032	
±...points around 50%:	6	7	11	10	7	18	16	10	7	9	8
Weighted n for mean:	272	191	74	89	167	27	34	99	173	109	163
Mean:	1.21	1.16	1.32	1.29	1.15	1.44	1.26	1.21	1.20	1.35	1.11
Std dev:	0.538	0.466	0.685	0.607	0.474	0.801	0.618	0.540	0.539	0.686	0.385
Student's t:	*	.05	.10	.10	.05	.10	-	-	-	.01	.01

How would you rate your level of satisfaction with the information and services you recieved in terms of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
EXTRA Willingness of staff to "go the extra mile" on your behalf											
Unweighted n:	284	197	80	93	174	29	36	103	181	115	169
Satisfied	61%	64%	54%	59%	62%	62%	47%	58%	63%	57%	64%
		+					-				
Neither satisfied nor dissatisfied	16%	16%	15%	17%	16%	10%	22%	17%	15%	18%	15%
Dissatisfied	5%	4%	6%	5%	3%	10%	3%	5%	4%	10%	1%
										++++	----
DK/NR	18%	15%	25%	18%	18%	17%	28%	19%	17%	14%	21%
		-	+								
Chi²:		-		-		-		-		.01	
Cramer's V:		0.13041		0.05039		0.25611		0.04679		0.24629	
Gamma:		0.22027		-0.04599		0.22542		-0.08318		-0.07190	
±...points around 50%:	6	7	11	10	7	18	16	10	7	9	8
Weighted n for mean:	233	167	60	76	142	24	26	83	150	99	134
Mean:	1.31	1.29	1.37	1.34	1.28	1.37	1.38	1.34	1.29	1.45	1.20
Std dev:	0.571	0.550	0.637	0.601	0.537	0.711	0.571	0.590	0.562	0.704	0.421
Student's t:	*	-	-	-	-	-	-	-	-	.01	.01

Using the same scale, how satisfied were you OVERALL with the information and service you received from Health Canada's seniors and aging programs?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
OVERL											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Satisfied	79%	85%	68%	76%	83%	63%	74%	75%	82%	72%	84%
		++++	---		+	--				--	++
Neither satisfied nor d	9%	6%	13%	10%	8%	9%	10%	11%	7%	8%	9%
issatisfied		---									
Dissatisfied	7%	6%	10%	8%	5%	16%	10%	8%	6%	14%	2%
						++				++++	----
DK/NR	5%	3%	9%	5%	3%	13%	5%	5%	5%	6%	5%
		-	++		-	++					
Chi^2:		(.01)		-		-		-		.01	
Cramer's V:		0.19923		0.08624		0.16367		0.07649		0.22660	
Gamma:		0.42446		-0.20149		-0.27389		-0.15951		-0.33187	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7
Weighted n for mean:	285	199	79	91	176	28	37	104	181	116	169
Mean:	1.24	1.18	1.37	1.29	1.20	1.46	1.32	1.29	1.21	1.38	1.14
Std dev:	0.575	0.520	0.683	0.620	0.524	0.793	0.669	0.618	0.548	0.730	0.413
Student's t:	*	.05	.05	-	-	-	-	-	-	.01	.01

What was the main reason you were satisfied/dissatisfied?

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
REAS											
Unweighted n:	274	194	76	86	167	29	35	98	176	113	161
HC was very helpfull/positive outcome	47%	48%	45%	45%	50%	41%	49%	48%	47%	46%	48%
Quick, easy access to info/personal	11%	13% +	5% -	13%	11%	10%	3% -	10%	12%	14%	9%
Very good infromation/material	22%	22%	22%	20%	23%	17%	23%	18%	23%	13% ---	27% +++
recieved wrong information	9%	7% --	16% ++	12%	8%	21%	14%	14% ++	7% --	18% ++++	4% ----
Other	2%	3%	0%	2%	2%	0%	0%	2%	2%	0% --	4% ++
DK/NR	8%	7%	12%	8%	7%	10%	11%	7%	9%	9%	7%
Chi²:		(.05)		-		-		-		(.01)	
Cramer's V:		0.20796		0.08700		0.18731		0.13165		0.30556	
Gamma:		0.13675		-0.08804		-0.07438		-0.01881		-0.05763	
±...points around 50%:	6	7	11	11	8	18	17	10	7	9	8

Do you think you could have received the same type of information or advice from some other group or agency?

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
ALTEN											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Yes	23%	23%	21%	28%	21%	16%	31%	30%	19%	20%	25%
								++	--		
No	59%	62%	53%	51%	64%	50%	54%	56%	61%	60%	59%
				--	++						
DK/NR	18%	15%	26%	21%	15%	34%	15%	14%	20%	20%	16%
		--	++			+++					
Chi²:		.10		.10		-		.10		-	
Cramer's V:		0.14113		0.12856		0.24841		0.13608		0.05985	
Gamma:		0.19389		0.02448		-0.41221		0.24485		-0.10889	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7

Have you received information or advice from such groups or agencies?

		Total	Age		Contacted HC		HH Income		Gender		Source	
			< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
CURR	Unweighted n:	70	49	18	28	38	5	12	33	37	26	44
Yes		77%	80%	67%	64%	87%	40%	75%	73%	81%	77%	77%
						++						
No		21%	18%	33%	32%	13%	60%	25%	27%	16%	19%	23%
						-						
DK/NR		1%	2%	0%	4%	0%	0%	0%	0%	3%	4%	0%
	Chi²:		-		(.10)		-		-		-	
	Cramer's V:		0.17162		0.27955		0.33371		0.17091		0.15972	
	Gamma:		0.30000		-0.57647		-0.63636		-0.20805		-0.03382	
	±...points around 50%:	12	14	23	19	16	44	28	17	16	19	15

Do you think you could have received better service elsewhere?

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
BETTR											
Unweighted n:	74	50	21	30	40	7	12	35	39	30	44
Yes	19%	26%	5%	7%	25%	0%	8%	23%	15%	33%	9%
				--						+++	---
No	49%	48%	48%	60%	43%	71%	33%	40%	56%	37%	57%
										-	+
DK/NR	32%	26%	48%	33%	33%	29%	58%	37%	28%	30%	34%
Chi^2:		(.10)		-		-		-		.05	
Cramer's V:		0.27876		0.25113		0.38145		0.16521		0.31023	
Gamma:		0.49925		-0.20968		0.40000		-0.03464		0.29885	
±...points around 50%:	11	14	21	18	15	37	28	17	16	18	15

What was the IMPACT of the information, advice or referral you received through the aging and seniors programs at Health Canada? Did you....

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
IMPA2											
Unweighted n:	210	203	0	44	153	0	0	64	146	72	138
Distribute the informat	64%	64%	0%	57%	67%	0%	0%	61%	65%	50%	71%
ion or research you rec					+					---	+++
Make additional contact	38%	38%	0%	27%	43%	0%	0%	42%	36%	40%	37%
s or networks in your f				-	++						
Incorporate the informa	62%	63%	0%	59%	65%	0%	0%	63%	62%	57%	65%
tion or research you re											
Follow-up on a referral	27%	28%	0%	30%	27%	0%	0%	25%	28%	31%	25%
you received											
Submit an application f	17%	17%	0%	9%	20%	0%	0%	19%	16%	22%	14%
or funding					++						
Improve your knowledge	76%	76%	0%	89%	74%	0%	0%	70%	79%	68%	80%
in a particular area				++						--	++
Change the way you deli	24%	25%	0%	23%	25%	0%	0%	23%	25%	19%	27%
ver your service/progra											
Establish a formal part	20%	20%	0%	11%	23%	0%	0%	25%	18%	19%	20%
nership or relationship					+						
Improved your perceptio	60%	60%	0%	68%	60%	0%	0%	56%	62%	44%	68%
n of seniors and aging										----	++++
Resolution of a concern	37%	37%	0%	39%	37%	0%	0%	36%	37%	40%	35%
or problem											
Incorporate a publicati	63%	63%	0%	41%	71%	0%	0%	56%	66%	57%	66%
on in your resource cen				----	++++						
None of the above	7%	6%	0%	2%	8%	0%	0%	8%	6%	15%	2%
										++++	----
DK/NR	5%	5%	0%	0%	6%	0%	0%	3%	5%	4%	5%
Chi²:										(.05)	
Cramer's V:				0.30384				0.13943		0.35282	
Gamma:				0.02671				0.02235		-0.02953	
±...points around 50%:	7	7	*	15	8	*	*	12	8	12	8

Were there any other IMPACTS of the information, advice or referral you received from the aging and seniors program at Health Canada?

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
IMPA3											
Unweighted n:	214	206	1	45	155	0	0	65	149	76	138
Response	20%	19%	0%	11%	21%	0%	0%	29%	15%	22%	18%
								++	--		
No other impacts	76%	76%	100%	89%	73%	0%	0%	69%	79%	76%	75%
				++							
DK/NR	5%	5%	0%	0%	6%	0%	0%	2%	6%	1%	7%
				-						-	+
Chi²:		-		(.10)				(.05)		-	
Cramer's V:		0.03880		0.16852				0.17913		0.12418	
Gamma:		0.59184		-0.15284				0.40866		0.21482	
±...points around 50%:	7	7	98	15	8	*	*	12	8	11	8

Did the information, advice or referral help you maintain or improve your health, well-being or independence in any way?

		Total	Age		Contacted HC		HH Income		Gender		Source	
			< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
HEATH	Unweighted n:	87	0	87	51	28	32	39	46	41	48	39
Yes		45%	0%	45%	47%	46%	56%	44%	43%	46%	33%	59%
											--	++
No		40%	0%	40%	39%	43%	31%	44%	39%	41%	50%	28%
											++	--
DK/NR		15%	0%	15%	14%	11%	13%	13%	17%	12%	17%	13%
	Chi²:				-		-		-		.10	
	Cramer's V:				0.04907		0.13410		0.07277		0.26062	
	Gamma:				-0.01754		0.18617		-0.08621		-0.37333	
	±...points around 50%:	11	*	11	14	19	17	16	14	15	14	16

DAS: General Public Survey 96/09/12

In what way?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
TYPE											
Unweighted n:	42	2	40	26	14	18	17	21	21	19	23
Other	90%	100%	90%	92%	86%	94%	82%	90%	90%	84%	96%
DK/NR	10%	0%	10%	8%	14%	6%	18%	10%	10%	16%	4%
Chi²:		-		-		-		-		-	
Cramer's V:		0.07255		0.10483		0.18995		0.00000		0.19400	
Gamma:		1.00000		0.33333		0.56923		0.00000		-0.60976	
±...points around 50%:	15	69	15	19	26	23	24	21	21	22	20

AS: General Public Survey

What do you think are the two biggest issues threatening the health, well-being and independence of CANADIAN SENIORS TODAY and in the near future?
Please start by giving met the one you consider most important.

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
ISSUC											
Unweighted n:	298	206	85	96	180	32	38	108	190	121	177
Health care	53%	52%	58%	60% +	50%	56%	55%	55%	53%	57%	51%
Income/security/finances/pension	42%	43%	41%	41%	42%	34%	50%	46%	40%	38%	45%
transportation	0%	0%	0%	0%	1%	0%	0%	0%	1%	1%	0%
need for social interaction; lonliness	7%	7%	8%	8%	7%	9%	5%	8%	7%	6%	8%
government cutbacks (not specific)	20%	21%	18%	19%	20%	19%	18%	23%	19%	18%	22%
home care (cleaning, visiting, etc.)	10%	11%	9%	7%	12%	9%	8%	8%	12%	6% --	14% ++
housing	12%	10%	14%	13%	11%	9%	13%	8%	14%	9%	14%
negaitve attitudes towards seniors (ageism)	12%	14% +	7%	6% --	14% +	0% --	13%	10%	13%	16% +	9% -
chronic illness (arthritis, osteoporosis, etc)	4%	3%	5%	2%	5%	9% +	0%	5%	3%	4%	3%
lack of funding for seniors issues	6%	7%	5%	6%	7%	9%	3%	4%	8%	12% ++++	2% ----
abuse (financial/mental)	4%	3%	7%	5%	4%	6%	8%	5%	4%	3%	5%
seniors in rural areas	6%	9% ++	1% --	5%	7%	3%	0% -	4%	8%	4%	8%
community support	2%	3%	0% -	2%	3% -	0%	0%	0% --	4% ++	2%	2%

What do you think are the two biggest issues threatening the health, well-being and independence of CANADIAN SENIORS TODAY and in the near future?
Please start by giving met the one you consider most important.

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
Unweighted n:	298	206	85	96	180	32	38	108	190	121	177
Other	0%	0%	0%	0%	1%	0%	0%	0%	1%	0%	1%
DK/NR	4%	2%	8%	6%	3%	9%	5%	8%	2%	6%	3%
		--	++					++	--		
Chi²:		-		-		-		-		(.05)	
Cramer's V:		0.26400		0.20127		0.42235		0.25704		0.30464	
Gamma:		-0.06123		0.10152		-0.06445		0.06875		-0.00291	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7

In the area of aging and seniors issues overall, who do you think should have primary responsibility. Should it be...

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
RESP											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Government	34%	34%	34%	32%	35%	31%	31%	35%	33%	38%	31%
Non-profit or voluntary organizations	4%	4%	5%	4%	5%	3%	5%	4%	5%	7%	3%
Individuals in general	15%	15%	13%	19%	14%	13%	13%	15%	15%	11%	17%
Seniors	30%	30%	31%	27%	30%	34%	31%	30%	31%	27%	33%
Family, relatives	2%	1%	2%	0% -	2%	3%	3%	0% -	3% +	2%	2%
All of the above	9%	10%	8%	6%	11%	6%	13%	13%	7%	8%	10%
Other	1%	1%	0%	1%	1%	0%	0%	0%	2%	1%	1%
DK/NR	5%	4%	7%	10% +++	2% ---	9%	5%	5%	5%	7%	3%
Chi²:				(.05)		-		-		-	
Cramer's V:		0.10358		0.23552		0.14436		0.15919		0.16303	
Gamma:		0.01289		-0.04724		-0.00940		0.00359		0.09320	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7

What level of governmnt do you think should have primary responsibility for seniors and aging issues?

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
LEVEL											
Unweighted n:	94	64	29	29	60	9	12	36	58	44	50
Federal	57%	50%	72%	62%	53%	56%	83%	64%	53%	55%	60%
		--									
Provincial	31%	36%	21%	28%	35%	33%	17%	22%	36%	30%	32%
Local/municipal	7%	9%	3%	0%	10%	11%	0%	6%	9%	9%	6%
DK/NR	4%	5%	3%	10%	2%	0%	0%	8%	2%	7%	2%
Chi²:		-		(.10)		-		-		-	
Cramer's V:		0.21377		0.27583		0.34427		0.21611		0.13621	
Gamma:		-0.40598		0.12790		-0.61538		0.12395		-0.14718	
±...points around 50%:	10	12	18	18	13	33	28	16	13	15	14

DAS: General Public Survey 96/09/12

Overall, in the area of aging and seniors issues, what would you like to see the federal government do in the future for ALL Canadian seniors:

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
INVOL											
Unweighted n:	290	201	83	92	177	30	38	107	183	113	177
Increase its level of support	38%	41%	29% --	35%	41%	37%	18% ---	35%	40%	38%	38%
Maintain its level of support	56%	54%	65% +	57%	55%	63%	76% +++	59%	55%	55%	57%
Reduce its level of support	2%	1% -	4%	3%	1% --	0%	3%	4%	1%	1%	3%
Eliminate support	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
DK/NR	4%	4%	2%	5%	3%	0%	3%	3%	4%	6% +	2% -
Chi²:		(.10)		-		-		.		-	
Cramer's V:		0.15107		0.12580		0.24518		0.10890		0.11933	
Gamma:		0.21504		-0.16357		0.48047		-0.10277		-0.02226	
±...points around 50%:	6	7	11	10	7	18	16	9	7	9	7

Overall, in the area of aging and seniors issues, what would you like to see the federal government do in the future for LOW INCOME Canadian seniors:

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
INV02											
Unweighted n:	290	201	83	92	177	30	38	107	183	113	177
Increase its level of support	66%	71% +++	53% ---	61%	71% ++	60%	45% ---	63%	68%	65%	67%
Maintain its level of support	30%	26% --	41% +++	33%	27%	40%	47% ++	32%	29%	29%	31%
Reduce its level of support	1%	0%	1%	2% ++	0% -	0%	0%	1%	1%	0%	1%
Eliminate support	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
DK/NR	3%	2%	5%	4%	3%	0%	8% +	5%	2%	5% +	2% -
Chi²:		(.05)		-		-		-		-	
Cramer's V:		0.17580		0.14808		0.22141		0.08308		0.12084	
Gamma:		0.35806		-0.21772		0.33981		-0.13461		-0.04298	
±...points around 50%:	6	7	11	10	7	18	16	9	7	9	7

Some people argue that those who can pay, should, and only low income seniors should receive government-supported services. Do you agree with this statement, disagree or neither agree nor disagree?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
LOWIN											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Agree	48%	48%	48%	52%	46%	63%	38%	42%	52%	49%	47%
						+					
Neither agree nor disagree	18%	17%	18%	11%	21%	13%	26%	18%	18%	22%	15%
				--	+						
Disagree	32%	33%	30%	32%	32%	19%	36%	39%	28%	27%	36%
						-		++	--		
DK/NR	2%	1%	3%	4%	1%	6%	0%	1%	3%	2%	2%
				+		+					
Chi²:		-		(.10)		(.05)		-		-	
Cramer's V:		0.06914		0.15604		0.33298		0.13100		0.11221	
Gamma:		-0.00044		0.02318		0.30097		-0.16488		0.07245	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7

The government will face a number of challanges as Canadians age. Do you think the government should for all Canadian seniors increae its support, maintan its support or decrease its support of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
PENS Income security such as pensions and income tax credits											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Increase support alot	16%	17%	15%	16%	17%	16%	10%	15%	17%	16%	16%
Increase support a little	19%	19%	17%	17%	18%	25%	13%	15%	21%	23%	16%
Maintain support at the same level as now	58%	56%	62%	59%	58%	56%	72% +	61%	56%	55%	59%
Reduce support a little	3%	3%	1%	1%	4%	0%	3%	4%	3%	2%	5%
Reduce support a lot	0%	0%	0%	0%	0%	0%	0%	1%	0%	1%	0%
DK/NR	4%	4%	5%	7% ++	3%	3%	3%	5%	3%	3%	5%
Chi²:		-		-		-		-		-	
Cramer's V:		0.08966		0.13902		0.21622		0.12676		0.13715	
Gamma:		0.04671		-0.06248		0.32064		-0.16574		0.12999	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7
Weighted n for mean:	288	198	83	89	177	31	38	104	184	119	169
Mean:	3.49	3.51	3.48	3.51	3.49	3.58	3.32	3.40	3.53	3.54	3.45
Std dev:	0.822	0.841	0.771	0.785	0.833	0.765	0.702	0.830	0.816	0.821	0.823
Student's t:	*	-	-	-	-	-	-	-	-	-	-

DAS: General Public Survey

96/09/12

The government will face a number of challanges as Canadians age. Do you think the government should for all Canadian seniors increae its support, maintan its support or decrease its support of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
PBLH Basic health care coverage											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Increase support alot	17%	19% +	11%	14%	19%	22%	5% --	18%	16%	17%	17%
Increase support a little	13%	13%	14%	11%	12%	19%	10%	9%	15%	15%	11%
Maintain support at the same level as now	65%	64%	68%	69%	64%	53%	79% ++	70%	63%	62%	68%
Reduce support a little	1%	0%	2%	2%	1%	6% +++	0%	1%	1%	1%	1%
Reduce support a lot	0%	0%	1%	1%	0%	0%	3% +++	1%	0%	1%	0%
DK/NR	4%	4%	3%	3%	4%	0%	3%	1%	5% +	5%	3%
Chi²:		-		-		(.10)		-		-	
Cramer's V:		0.15286		0.13361		0.38775		0.16144		0.10622	
Gamma:		0.17610		-0.14132		0.44949		0.00397		0.01728	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7
Weighted n for mean:	289	198	84	93	174	32	38	109	180	117	172
Mean:	3.47	3.53	3.33	3.35	3.52	3.56	3.16	3.43	3.49	3.49	3.45
Std dev:	0.804	0.816	0.766	0.789	0.817	0.914	0.638	0.832	0.787	0.826	0.790
Student's t:	*	.05	.10	.10	-	-	.01	-	-	-	-

The government will face a number of challanges as Canadians age. Do you think the government should for all Canadian seniors increae its support, maintan its support or decrease its support of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
EBENE Extended health care benefits for prescription drugs											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Increase support alot	16%	17%	15%	15%	16%	19%	13%	18%	15%	20%	14%
Increase support a little	18%	20%	14%	15%	20%	16%	10%	15%	20%	19%	18%
Maintain support at the same level as now	53%	51%	57%	59%	52%	59%	62%	55%	53%	47% -	58% +
Reduce support a little	5%	5%	3%	4%	4%	3%	5%	5%	4%	4%	5%
Reduce support a lot	2%	1%	2%	1%	2%	0%	0%	2%	2%	2%	1%
DK/NR	6%	5%	8%	6%	5%	3%	10%	5%	6%	8%	5%
Chi^2:		-		-		-		-		-	
Cramer's V:		0.10685		0.08963		0.17796		0.07966		0.13321	
Gamma:		0.13190		-0.10517		0.28261		-0.01634		0.05572	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7
Weighted n for mean:	282	195	80	90	173	31	35	104	178	113	169
Mean:	3.45	3.49	3.39	3.40	3.48	3.52	3.34	3.44	3.46	3.53	3.40
Std dev:	0.897	0.899	0.893	0.845	0.893	0.851	0.802	0.933	0.877	0.964	0.847
Student's t:	*	-	-	-	-	-	-	-	-	-	-

DAS: General Public Survey 96/09/12

The government will face a number of challanges as Canadians age. Do you think the government should for all Canadian seniors increae its support, maintan its support or decrease its support of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
INTER Health care benefits for out-of-country care											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Increase support alot	5%	4%	8%	7%	4%	13%	8%	6%	4%	8%	3%
						++				++	--
Increase support a litt le	5%	5%	6%	5%	6%	6%	5%	5%	6%	6%	5%
Maintain support at the same level as now	52%	52%	54%	52%	51%	38%	64%	53%	52%	47%	56%
						-					
Reduce support a little	14%	14%	11%	9%	16%	16%	13%	14%	14%	7%	18%
					+					---	+++
Reduce support a lot	17%	18%	13%	16%	17%	19%	10%	18%	16%	20%	15%
DK/NR	7%	7%	8%	10%	6%	9%	0%	5%	8%	12%	3%
							-			+++	---
Chi²:		-		-		-		-		.01	
Cramer's V:		0.11255		0.14087		0.32486		0.09287		0.26080	
Gamma:		-0.12715		0.03799		-0.22990		0.04672		-0.06061	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7
Weighted n for mean:	279	192	80	86	171	29	39	105	174	108	171
Mean:	2.66	2.60	2.84	2.77	2.61	2.76	2.87	2.66	2.66	2.72	2.62
Std dev:	1.01	1.00	1.04	1.07	0.99	1.27	0.95	1.05	0.99	1.16	0.91
Student's t:	*	-	.10	-	-	-		-	-	-	-

The government will face a number of challanges as Canadians age. Do you think the government should for all Canadian seniors increae its support, maintan its support or decrease its support of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
AFFOR Specialized housing (e.g., retirement building with on-site support, adapted housing											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Increase support alot	39%	43%	29%	33%	43%	22%	36%	32%	43%	37%	40%
		++	--		+	--		-	+		
Increase support a little	24%	22%	29%	29%	22%	28%	28%	28%	22%	22%	26%
Maintain support at the same level as now	31%	29%	38%	30%	30%	47%	33%	34%	30%	33%	31%
						++					
Reduce support a little	1%	1%	0%	1%	1%	0%	0%	2%	0%	0%	1%
								+	-		
Reduce support a lot	2%	1%	2%	2%	1%	0%	3%	3%	1%	3%	1%
										+	-
DK/NR	3%	4%	2%	4%	3%	3%	0%	2%	4%	5%	2%
Chi²:		-		-		-		(.10)		-	
Cramer's V:		0.16250		0.11278		0.23810		0.17589		0.14936	
Gamma:		0.17956		-0.11691		-0.26168		-0.13805		-0.09199	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7
Weighted n for mean:	290	198	85	92	176	31	39	108	182	117	173
Mean:	4.01	4.09	3.84	3.95	4.09	3.74	3.95	3.86	4.10	3.95	4.05
Std dev:	0.95	0.96	0.94	0.95	0.94	0.82	0.97	0.99	0.92	1.02	0.90
Student's t:	*	.05	.05	-	.10	.10	-	.05	.05	-	-

S: General Public Survey

The government will face a number of challanges as Canadians age. Do you think the government should for all Canadian seniors increae its support, maintan its support or decrease its support of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
ACCES Accessible transportation											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Increase support alot	35%	45% ++++	13% ----	24% ---	41% +++	6% ----	21% --	26% --	41% ++	32%	38%
Increase support a little	21%	21%	22%	20%	24%	25%	23%	24%	20%	21%	21%
Maintain support at the same level as now	34%	27% ----	52% ++++	45% +++	27% ---	59% +++	44%	39%	32%	33%	36%
Reduce support a little	2%	1%	3%	2%	1%	0%	5%	4%	1%	2%	2%
Reduce support a lot	1%	1%	0%	0%	1%	0%	0%	2% +	0% -	2% +	0% -
DK/NR	6%	5%	10% +	9%	5%	9%	8%	5%	7%	11% ++	3% --
Chi²:		(.01)		(.05)		-		(.05)		(.10)	
Cramer's V:		0.33774		0.23117		0.26879		0.19599		0.18224	
Gamma:		0.50809		-0.33118		-0.19565		-0.20735		-0.15800	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7
Weighted n for mean:	281	196	78	87	173	29	36	104	177	110	171
Mean:	3.95	4.12	3.49	3.72	4.09	3.41	3.64	3.73	4.07	3.88	3.99
Std dev:	0.945	0.947	0.785	0.885	0.933	0.628	0.899	0.978	0.905	0.993	0.914
Student's t:	*	.01	.01	.01	.01	.01	.05	.01	.01	-	-

The government will face a number of challanges as Canadians age. Do you think the government should for all Canadian seniors increae its support, maintan its support or decrease its support of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
HOME Home care or home support services (e.g., homemaker services, assistance with bathin											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Increase support alot	54%	65%	28%	40%	62%	25%	36%	55%	53%	50%	56%
		++++	----	----	++++	----	--				
Increase support a litt le	19%	17%	24%	23%	17%	25%	23%	16%	21%	14%	23%
										-	+
Maintain support at the same level as now	22%	16%	38%	27%	19%	44%	33%	24%	22%	26%	20%
		----	++++		-	+++	+				
Reduce support a little	1%	0%	2%	0%	1%	0%	3%	1%	1%	1%	1%
		--	++								
Reduce support a lot	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
DK/NR	4%	3%	8%	10%	2%	6%	5%	5%	4%	9%	1%
		-	++	++++	---					+++	---
Chi²:		(.01)		(.01)		-		-		(.01)	
Cramer's V:		0.36956		0.26767		0.17042		0.05667		0.22295	
Gamma:		0.57562		-0.38491		-0.15718		-0.00514		-0.19189	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7
Weighted n for mean:	287	200	80	86	179	30	37	105	182	112	175
Mean:	4.31	4.51	3.84	4.14	4.43	3.80	3.97	4.30	4.32	4.25	4.35
Std dev:	0.852	0.757	0.892	0.856	0.814	0.847	0.928	0.878	0.839	0.905	0.817
Student's t:	*	.01	.01	.05	.01	.01	.05	-	-	-	-

DAS: General Public Survey

The government will face a number of challanges as Canadians age. Do you think the government should for all Canadian seniors increae its support, maintan its support or decrease its support of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
RESPT Services to help those who are caring for an elderly relative or friend											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Increase support alot	53%	64%	26%	43%	59%	28%	26%	45%	57%	50%	55%
		++++	----	--	+++	---	----	-	+		
Increase support a little	24%	19%	33%	23%	25%	31%	33%	27%	22%	24%	24%
		---	++								
Maintain support at the same level as now	20%	12%	38%	28%	14%	41%	36%	22%	18%	20%	19%
		----	++++	++	---	+++	+++				
Reduce support a little	0%	0%	0%	0%	0%	0%	0%	1%	0%	1%	0%
Reduce support a lot	0%	0%	0%	1%	0%	0%	0%	0%	1%	0%	1%
DK/NR	3%	4%	2%	5%	2%	0%	5%	5%	3%	6%	2%
										+	-
Chi²:		(.01)		(.05)		-		-		-	
Cramer's V:		0.38621		0.21714		0.15960		0.14318		0.14179	
Gamma:		0.52811		-0.32349		0.05674		-0.18239		-0.11573	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7
Weighted n for mean:	290	198	85	91	178	32	37	105	185	116	174
Mean:	4.32	4.52	3.88	4.12	4.46	3.88	3.89	4.23	4.38	4.29	4.34
Std dev:	0.831	0.772	0.808	0.917	0.737	0.833	0.809	0.835	0.826	0.834	0.830
Student's t:	*	.01	.01	.01	.01	.01	.01	-	-	-	-

The government will face a number of challanges as Canadians age. Do you think the government should for all Canadian seniors increae its support, maintan its support or decrease its support of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
PALL Specialized care services for dying patients											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Increase support alot	35%	42%	17%	30%	38%	13%	18%	29%	38%	26%	41%
		++++	----		+	---	--			---	+++
Increase support a little	18%	16%	23%	19%	19%	34%	13%	15%	19%	20%	17%
		-				++					
Maintain support at the same level as now	38%	36%	45%	40%	35%	44%	51%	47%	33%	42%	36%
					-		+	++	--		
Reduce support a little	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Reduce support a lot	0%	0%	0%	0%	1%	0%	0%	0%	1%	0%	1%
DK/NR	9%	6%	15%	11%	7%	9%	18%	8%	9%	12%	6%
		--	++				++			+	-
Chi^2:		(.01)		-		-		-		(.10)	
Cramer's V:		0.25724		0.11252		0.26765		0.14640		0.17607	
Gamma:		0.36523		-0.15829		0.21065		-0.16233		-0.24422	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7
Weighted n for mean:	274	193	74	85	169	29	32	101	173	108	166
Mean:	3.95	4.05	3.68	3.89	4.02	3.66	3.59	3.80	4.03	3.81	4.04
Std dev:	0.912	0.937	0.796	0.887	0.919	0.721	0.837	0.895	0.914	0.866	0.933
Student's t:	*	.01	.01		.10	.05	.05	.05	.05	.05	.05

The government will face a number of challanges as Canadians age. Do you think the government should for all Canadian seniors increae its support, maintan its support or decrease its support of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
PWELL Programs and information services on topics like exercise, nutrition, accident-preve											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Increase support alot	33%	37%	24%	22%	40%	16%	31%	34%	33%	30%	36%
		+	--	---	+++	--					
Increase support a little	17%	18%	16%	23%	15%	19%	13%	18%	16%	16%	18%
				+							
Maintain support at the same level as now	43%	38%	54%	51%	37%	63%	51%	43%	43%	44%	42%
		---	++	+	--	++					
Reduce support a little	2%	3%	0%	1%	3%	0%	0%	1%	3%	2%	2%
		+	-								
Reduce support a lot	2%	2%	1%	0%	3%	0%	3%	2%	2%	3%	1%
				-							
DK/NR	2%	1%	5%	3%	2%	3%	3%	3%	2%	4%	1%
			+							+	-
Chi²:		(.05)		(.01)		-		-		-	
Cramer's V:		0.20936		0.23322		0.21609		0.07756		0.13027	
Gamma:		0.21814		-0.18775		-0.18890		0.03675		-0.14111	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7
Weighted n for mean:	293	203	83	93	178	31	38	107	186	118	175
Mean:	3.79	3.85	3.65	3.68	3.87	3.52	3.71	3.83	3.77	3.70	3.85
Std dev:	1.01	1.05	0.90	0.84	1.08	0.77	1.01	0.99	1.03	1.05	0.98
Student's t:	*	-	-	-	.10	.05	-	-	-	-	-

The government will face a number of challanges as Canadians age. Do you think the government should for all Canadian seniors increae its support, maintan its support or decrease its support of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
COMMC organizations for seniors											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Increase support alot	18%	21%	10%	11%	23%	9%	8%	14%	21%	20%	16%
		+	--	--	++		-				
Increase support a little	23%	24%	24%	24%	24%	25%	23%	28%	21%	22%	24%
Maintain support at the same level as now	47%	46%	51%	53%	43%	50%	62%	45%	48%	42%	51%
					-		+				
Reduce support a little	2%	2%	1%	1%	3%	3%	0%	2%	2%	2%	2%
Reduce support a lot	4%	4%	5%	2%	5%	0%	5%	5%	4%	6%	3%
DK/NR	5%	3%	9%	8%	3%	13%	3%	5%	5%	8%	3%
		-	++	+	-	++				++	--
Chi²:		-		(.10)		-		-		-	
Cramer's V:		0.17252		0.19766		0.28644		0.12001		0.15320	
Gamma:		0.22066		-0.19019		-0.03723		-0.05249		-0.02390	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7
Weighted n for mean:	285	199	79	88	176	28	38	104	181	113	172
Mean:	3.51	3.57	3.38	3.45	3.58	3.46	3.29	3.45	3.55	3.54	3.49
Std dev:	0.97	0.99	0.90	0.82	1.04	0.74	0.84	0.96	0.98	1.05	0.92
Student's t:	*	.10	-	-	-	-	.10	-	-	-	-

DAS: General Public Survey 96/09/12

The government will face a number of challanges as Canadians age. Do you think the government should for all Canadian seniors increae its support, maintan its support or decrease its support of...

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
KNOW providing information to seniors about health, well-being and independence											
Unweighted n:	291	202	83	93	177	30	38	107	184	114	177
Increase support alot	30%	34%	22%	30%	32%	17%	24%	33%	29%	31%	30%
		++	--			-					
Increase support a little	21%	20%	19%	17%	23%	30%	11%	21%	21%	18%	23%
							-				
Maintain support at the same level as now	45%	42%	53%	48%	41%	53%	55%	44%	45%	45%	45%
			+								
Reduce support a little	1%	0%	2%	1%	1%	0%	5%	1%	1%	2%	1%
							+++				
Reduce support a lot	2%	2%	2%	1%	2%	0%	3%	1%	3%	3%	2%
DK/NR	1%	1%	1%	2%	1%	0%	3%	1%	2%	3%	1%
Chi^2:		-		-		-		-		-	
Cramer's V:		0.15324		0.09110		0.31845		0.07551		0.12119	
Gamma:		0.23565		-0.09212		0.20055		0.08696		-0.06736	
±...points around 50%:	6	7	11	10	7	18	16	9	7	9	7
Weighted n for mean:	287	199	82	91	175	30	37	106	181	111	176
Mean:	3.77	3.85	3.56	3.76	3.83	3.63	3.49	3.84	3.73	3.74	3.79
Std dev:	0.97	0.98	0.94	0.95	0.96	0.76	1.02	0.94	0.99	1.02	0.94
Student's t:	*	.05	.05	-	-	-	.10	-	-	-	

The government will face a number of challanges as Canadians age. Do you think the government should for all Canadian seniors increae its support, maintan its support or decrease its support of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
INFO improving the public image of aging and seniors											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Increase support alot	31%	35%	25%	29%	35%	31%	21%	30%	32%	35%	29%
		++									
Increase support a little	24%	24%	21%	18%	27%	13%	23%	23%	25%	21%	26%
				-	+						
Maintain support at the same level as now	34%	31%	44%	42%	28%	50%	46%	36%	33%	33%	36%
		--	++	+	---	++	+				
Reduce support a little	3%	2%	2%	2%	3%	3%	3%	3%	3%	1%	4%
										-	+
Reduce support a lot	4%	5%	2%	1%	5%	0%	3%	4%	4%	6%	3%
				-							
DK/NR	4%	3%	6%	8%	2%	3%	5%	5%	3%	5%	3%
				+++	--						
Chi²:		-		(.01)		-		-		-	
Cramer's V:		0.15946		0.24720		0.20331		0.05323		0.15052	
Gamma:		0.18330		-0.17739		0.10583		-0.05617		0.04155	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7
Weighted n for mean:	289	200	82	88	179	31	37	105	184	117	172
Mean:	3.79	3.85	3.68	3.78	3.84	3.74	3.59	3.76	3.80	3.83	3.76
Std dev:	1.06	1.10	0.98	0.96	1.11	0.96	0.96	1.05	1.07	1.12	1.02
Student's t:	*	-	-	-	-	-	-	-	-	-	-

The government will face a number of challanges as Canadians age. Do you think the government should for all Canadian seniors increae its support, maintan its support or decrease its support of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
LEAD guiding and coordinating other organizations across the country regarding seniors is											
Unweighted n:	291	202	83	93	177	30	38	107	184	114	177
Increase support alot	28%	33%	16%	23%	30%	10%	18%	28%	28%	25%	30%
		+++	---			--					
Increase support a little	17%	17%	17%	17%	19%	17%	16%	17%	17%	14%	19%
Maintain support at the same level as now	39%	35%	47%	42%	36%	50%	55%	42%	37%	42%	37%
		-	+				++				
Reduce support a little	3%	4%	1%	1%	4%	3%	0%	3%	3%	1%	5%
										-	+
Reduce support a lot	4%	4%	4%	3%	5%	0%	3%	3%	5%	4%	4%
DK/NR	9%	7%	16%	14%	7%	20%	8%	7%	10%	14%	6%
		--	++	+	-	++				++	--
Chi^2:		(.05)		-		-		-		(.10)	
Cramer's V:		0.22576		0.16305		0.26614		0.07883		0.18248	
Gamma:		0.28170		-0.14822		-0.25397		0.04539		-0.15708	
±...points around 50%:	6	7	11	10	7	18	16	9	7	9	7
Weighted n for mean:	264	188	70	80	165	24	35	99	165	98	166
Mean:	3.67	3.74	3.47	3.64	3.70	3.42	3.51	3.70	3.66	3.62	3.70
Std dev:	1.09	1.13	0.96	1.01	1.11	0.78	0.92	1.03	1.12	1.07	1.10
Student's t:	*	.10	.05	-	-	-	-	-	-	-	-

The government will face a number of challanges as Canadians age. Do you think the government should for all Canadian seniors increae its support, maintan its support or decrease its support of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
RESE research funding on the health concerns ofseniors such as osteoporosis or Alzheimer											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Increase support alot	43%	45%	41%	40%	45%	44%	31%	40%	45%	46%	42%
Increase support a little	25%	23%	26%	26%	25%	28%	33%	23%	26%	20%	28%
										-	+
Maintain support at the same level as now	29%	30%	28%	29%	28%	28%	28%	33%	27%	29%	29%
Reduce support a little	0%	0%	0%	0%	1%	0%	0%	0%	1%	0%	1%
Reduce support a lot	0%	0%	0%	0%	1%	0%	0%	0%	1%	1%	0%
DK/NR	2%	1%	5%	5%	1%	0%	8%	5%	1%	5%	1%
			+	++	-		++	+	-	++	--
Chi²:		-		-		-		-		(.10)	
Cramer's V:		0.11670		0.14280		0.21961		0.14540		0.18621	
Gamma:		0.05035		-0.09792		0.22917		-0.13208		-0.02461	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7
Weighted n for mean:	293	203	83	91	180	32	36	105	188	117	176
Mean:	4.13	4.13	4.14	4.11	4.14	4.16	4.03	4.08	4.16	4.15	4.12
Std dev:	0.878	0.899	0.843	0.849	0.889	0.847	0.810	0.874	0.881	0.922	0.850
Student's t:	*	-	-	-	-	-	-	-	-	-	-

The government will face a number of challanges as Canadians age. Do you think the government should for all Canadian seniors increae its support, maintan its support or decrease its support of...

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
RISK benefits for medical devices and aids such as hearing aids and walkers											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Increase support alot	22%	23%	17%	20%	22%	19%	15%	24%	21%	23%	21%
Increase support a little	21%	23%	17%	17%	24%	19%	13%	17%	24%	21%	21%
Maintain support at the same level as now	51%	46% --	63% +++	59% ++	47% -	63%	72% +++	54%	49%	49%	53%
Reduce support a little	1%	1%	0%	1%	1%	0%	0%	2%	1%	1%	1%
Reduce support a lot	1%	2%	0%	0%	2%	0%	0%	1%	2%	2%	1%
DK/NR	4%	4%	2%	3%	4%	0%	0%	3%	4%	4%	3%
Chi²:		-		-		-		-		-	
Cramer's V:		0.17615		0.14193		0.10218		0.11113		0.08936	
Gamma:		0.12653		-0.09886		0.17685		-0.00743		0.01005	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7
Weighted n for mean:	289	197	85	93	174	32	39	107	182	118	171
Mean:	3.63	3.67	3.53	3.57	3.67	3.56	3.44	3.63	3.64	3.64	3.63
Std dev:	0.888	0.930	0.781	0.826	0.902	0.801	0.754	0.906	0.880	0.940	0.853
Student's t:	*	-	-	-	-	-	.10	-	-	-	-

Overall, how would you say non-seniors perceive seniors and aging in Canada today? Would you say people generally have a....

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
NONSE											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
positive view	20%	19%	22%	22%	19%	34%	15%	23%	18%	20%	20%
						++					
mixed view	60%	63%	53%	54%	63%	41%	64%	55%	64%	52%	66%
			-			--				--	++
negative view	18%	18%	20%	21%	16%	22%	18%	19%	17%	25%	13%
										+++	---
DK/NR	2%	0%	6%	3%	1%	3%	3%	4%	1%	2%	1%
		----	++++					++	--		
Chi²:		(.01)		-		-		-		(.05)	
Cramer's V:		0.21265		0.10670		0.25494		0.13866		0.17462	
Gamma:		0.07775		-0.05605		0.17472		-0.01624		-0.17850	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7

AS: General Public Survey 96/09/12

Are you currently retired, semi-retired, a homemaker, employed outside the home or self-employed?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
RETIR											
Unweighted n:	87	0	87	51	28	32	39	46	41	48	39
Retired	84%	0%	84%	92%	68%	91%	79%	87%	80%	81%	87%
				++							
Homemaker	3%	0%	3%	2%	7%	3%	3%	0%	7%	6%	0%
								-	+		
Employed	5%	0%	5%	2%	11%	0%	10%	4%	5%	2%	8%
							++				
Self-employed	5%	0%	5%	0%	11%	3%	5%	7%	2%	6%	3%
				--							
Semi-retired	2%	0%	2%	2%	4%	0%	3%	2%	2%	4%	0%
DK/NR	1%	0%	1%	2%	0%	3%	0%	0%	2%	0%	3%
Chi²:				(.05)		-		-		-	
Cramer's V:				0.38137		0.28497		0.24918		0.29345	
Gamma:				0.64083		0.38728		0.19355		-0.19630	
±...points around 50%:	11	*	11	14	19	17	16	14	15	14	16

Are you working full-time or part-time?

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
12											
Unweighted n:	8	0	8	1	6	1	6	5	3	4	4
Full-time	75%	0%	75%	100%	83%	100%	67%	80%	67%	50%	100%
Part-time	25%	0%	25%	0%	17%	0%	33%	20%	33%	50%	0%
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi^2:				-		-		-		(.10)	
Cramer's V:				0.16667		0.25820		0.14907		0.57735	
Gamma:				1.00000		1.00000		0.33333		-1.00000	
±...points around 50%:	35	*	35	98	40	98	40	44	57	49	49

DAS: General Public Survey
Do you do any volunteer work for groups or organ zations?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
VOL											
Unweighted n:	87	0	87	51	28	32	39	46	41	48	39
Yes, lots	38%	0%	38%	20%	71%	38%	44%	35%	41%	35%	41%

Yes, some	30%	0%	30%	31%	25%	19%	33%	37%	22%	31%	28%
						-					
No	32%	0%	32%	49%	4%	44%	23%	28%	37%	33%	31%
				++++		+					
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:				.01		-		-		-	
Cramer's V:				0.55551		0.23363		0.16453		0.05765	
Gamma:				-0.82401		-0.24286		0.00948		-0.08126	
±...points around 50%:	11	*	11	14	19	17	16	14	15	14	16

Do you spend time helping out family, friends or neighbours?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
VOLLF											
Unweighted n:	87	0	87	51	28	32	39	46	41	48	39
Yes, lots	39%	0%	39%	27% ---	54%	38%	41%	37%	41%	33%	46%
Yes, some	52%	0%	52%	63% ++	36%	53%	51%	50%	54%	58%	44%
No	9%	0%	9%	10%	11%	9%	8%	13%	5%	8%	10%
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:				(.10)		-		-		-	
Cramer's V:				0.27232		0.04209		0.14145		0.14762	
Gamma:				-0.37033		-0.07496		-0.15848		-0.17949	
±...points around 50%:	11	*	11	14	19	17	16	14	15	14	16

DAS: General Public Survey
What is your current marital status?

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
Q59											
Unweighted n:	87	0	87	51	28	32	39	46	41	48	39
Now married/common law	60%	0%	60%	55%	71%	34%	82%	83%	34%	48%	74%
						----	++++	++++	----	--	++
Widowed	26%	0%	26%	24%	25%	38%	13%	2%	54%	33%	18%
						+	---	----	++++		
Single (i.e., never married)	5%	0%	5%	8%	0%	9%	0%	2%	7%	6%	3%
				+			-				
Separated or divorced	9%	0%	9%	14%	4%	19%	5%	13%	5%	13%	5%
				+		++					
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi^2:				-		(.01)		(.01)		(.10)	
Cramer's V:				0.24817		0.49816		0.61656		0.27018	
Gamma:				-0.38224		-0.74029		0.56872		-0.47310	
±...points around 50%:	11	*	11	14	19	17	16	14	15	14	16

In general, compared to other people your age, would you say your health and well-being is very good, average, or poor.

		Age		Contacted HC		HH Income		Gender		Source	
·	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
HEALT											
Unweighted n:	87	0	87	51	28	32	39	46	41	48	39
Very good	62%	0%	62%	61%	64%	50%	77%	59%	66%	56%	69%
						-	++				
Average	34%	0%	34%	33%	36%	44%	21%	39%	29%	38%	31%
							--				
Poor	3%	0%	3%	6%	0%	6%	3%	2%	5%	6%	0%
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:				-		(.10)		-		-	
Cramer's V:				0.14724		0.28071		0.11987		0.19489	
Gamma:				-0.11429		-0.51682		-0.11821		-0.30097	
±...points around 50%:	11	*	11	14	19	17	16	14	15	14	16

Do you have a chronic or long-term illness, injury or disability that limits your physical independence?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
DIS											
Unweighted n:	87	0	87	51	28	32	39	46	41	48	39
Yes	24%	0%	24%	22%	18%	41%	15%	28%	20%	31%	15%
						+++	-			+	-
No	76%	0%	76%	78%	82%	59%	85%	72%	80%	69%	85%
						---	+			-	+
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:				-		.05		-		.10	
Cramer's V:				0.04418		0.28368		0.10205		0.18438	
Gamma:				0.11700		0.58011		0.23810		0.42857	
±...points around 50%:	11	*	11	14	19	17	16	14	15	14	16

To what extent would you say your physical independence is limited by an illness, injury or disability? Would you say...

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
SPECI											
Unweighted n:	21	0	21	11	5	13	6	13	8	15	6
A great deal	52%	0%	52%	64%	40%	54%	50%	62%	38%	53%	50%
Somewhat	19%	0%	19%	9%	40%	23%	17%	8%	38%	20%	17%
A little	29%	0%	29%	27%	20%	23%	33%	31%	25%	27%	33%
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:				-		-		-		-	
Cramer's V:				0.36790		0.11602		0.37252		0.06927	
Gamma:				0.22222		0.12500		0.21739		0.09091	
±...points around 50%:	21	*	21	30	44	27	40	27	35	25	40

DAS: General Public Survey
Did you do something to improve your health in the past 12 months?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
IMPRO											
Unweighted n:	87	0	87	51	28	32	39	46	41	48	39
Yes	63%	0%	63%	49% ---	82%	59%	67%	61%	66%	63%	64%
No	37%	0%	37%	51% +++	18%	41%	33%	39%	34%	38%	36%
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:				.01		-		-		-	
Cramer's V:				0.32449		0.07531		0.05159		0.01653	
Gamma:				-0.65422		-0.15556		-0.10706		-0.03448	
±...points around 50%:	11	*	11	14	19	17	16	14	15	14	16

What is the single most important change you have made in the past 12 months to improve your health?

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
SINGL											
Unweighted n:	55	0	55	25	23	19	26	28	27	30	25
Increased physical activity	47%	0%	47%	48%	52%	32%	62%	46%	48%	43%	52%
Lost weight	4%	0%	4%	0%	9%	0%	4%	7%	0%	0%	8%
Changed eating habits	11%	0%	11%	8%	17%	11%	8%	11%	11%	7%	16%
Managed blood pressure	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Change physical environment	2%	0%	2%	4%	0%	5%	0%	4%	0%	3%	0%
Acquired an assistance device or medical aid	5%	0%	5%	12%	0%	16%	0%	7%	4%	10%	0%
Received better care services	4%	0%	4%	0%	4%	11%	0%	4%	4%	3%	4%
Changed medication use	4%	0%	4%	8%	0%	11%	0%	4%	4%	7%	0%
Other (specify)	24%	0%	24%	20%	17%	16%	27%	18%	30%	27%	20%
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:				-		(.05)		-		-	
Cramer's V:				0.44980		0.56579		0.26998		0.40404	
Gamma:				-0.15633		-0.30295		0.08989		-0.22180	
±...points around 50%:	13	*	13	20	20	22	19	19	19	18	20

Did any of the following help you to make this change?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
HELP											
Unweighted n:	52	0	52	24	21	18	25	25	27	27	25
Support from family or friends	33%	0%	33%	21%	52%	39%	32%	28%	37%	30%	36%
Increased knowledge of health risks	56%	0%	56%	50%	57%	56%	60%	56%	56%	44%	68%
Changes in legislation or policies	13%	0%	13%	8%	5%	11%	20%	8%	19%	15%	12%
Change in life situation	17%	0%	17%	17%	14%	28%	16%	16%	19%	22%	12%
Advice from health professional	52%	0%	52%	46%	57%	78%	40%	44%	59%	56%	48%
None of the above	13%	0%	13%	8%	24%	6%	24%	20%	7%	19%	8%
Other	12%	0%	12%	13%	5%	11%	8%	8%	15%	7%	16%
DK/NR	2%	0%	2%	4%	0%	0%	4%	4%	0%	4%	0%
Chi²:				-		-		-		-	
Cramer's V:				0.39809		0.40552		0.31479		0.31862	
Gamma:				-0.14563		0.00059		-0.05099		-0.14445	
±...points around 50%:	14	*	14	20	21	23	20	20	19	19	20

What is the highest level of formal education that you have completed?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
EDUC											
Unweighted n:	87	0	87	51	28	32	39	46	41	48	39
No schooling	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Primary school	10%	0%	10%	12%	11%	22%	3%	9%	12%	10%	10%
						+++	--				
Some high school	16%	0%	16%	22%	7%	22%	8%	15%	17%	19%	13%
				+			-				
High school graduate	16%	0%	16%	16%	14%	13%	21%	17%	15%	19%	13%
Some community college/ CEGEP	7%	0%	7%	6%	11%	13%	3%	4%	10%	8%	5%
Community college/CEGEP graduate	11%	0%	11%	10%	7%	6%	15%	4%	20%	6%	18%
								--	++	-	+
Some university	8%	0%	8%	6%	11%	6%	8%	4%	12%	8%	8%
Undergraduate degree (e .g., B.A., B.Sc.)	18%	0%	18%	18%	21%	16%	21%	24%	12%	15%	23%
Graduate or post gradua te degree (e.g., M.A.,	13%	0%	13%	12%	18%	3%	23%	22%	2%	15%	10%
						--	+++	+++	---		
Other (specify)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi^2:						(.05)		(.05)			
Cramer's V:				0.23059		0.50366		0.41972		0.23966	
Gamma:				0.20740		0.50761		-0.26467		0.09202	
±...points around 50%:	11	*	11	14	19	17	16	14	15	14	16

In what kind of place to you live?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
WHERE											
Unweighted n:	87	0	87	51	28	32	39	46	41	48	39
Private residence	93%	0%	93%	94%	89%	88%	100% ++	93%	93%	92%	95%
Retirement home	5%	0%	5%	4%	7%	9%	0% -	4%	5%	6%	3%
Institutional facility	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other (specify)	2%	0%	2%	2%	4%	3%	0%	2%	2%	2%	3%
DK/NR	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:				-		(.10)		-		-	
Cramer's V:				0.08725		0.26974		0.01567		0.08849	
Gamma:				0.30942		-1.00000		0.06073		-0.24167	
±...points around 50%:	11	*	11	14	19	17	16	14	15	14	16

DAS: General Public Survey
How many people, including yourself, live in your residence?

96/09/12

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
NUMB											
Unweighted n:	81	0	81	48	25	28	39	43	38	44	37
1	31%	0%	31%	35%	20%	46%	21%	12%	53%	41%	19%
							-	----	++++	++	--
2	59%	0%	59%	54%	72%	46%	72%	77%	39%	48%	73%
							++	++++	----	--	++
3 +	9%	0%	9%	10%	8%	7%	8%	12%	5%	11%	5%
DK/NR	1%	0%	1%	0%	0%	0%	0%	0%	3%	0%	3%
Chi²:				-		(.10)		(.01)		(.10)	
Cramer's V:				0.17610		0.27893		0.46871		0.30073	
Gamma:				0.23077		0.43042		-0.62293		0.31459	
±...points around 50%:	11	*	11	14	20	19	16	15	16	15	16
Weighted n for mean:	80	0	80	48	25	28	39	43	37	44	36
Mean:	1.90	*	1.90	1.94	1.92	1.82	1.92	2.21	1.54	1.91	1.89
Std dev:	0.98	*	0.98	1.16	0.64	1.28	0.66	1.08	0.69	1.22	0.57
Student's t:	*	*	*	-	-	-	-	.01	.01	-	-

What is the approximate size of the community in which you live?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
SIZE											
Unweighted n:	87	0	87	51	28	32	39	46	41	48	39
Less than 10,000	23%	0%	23%	22%	25%	41%	15%	22%	24%	27%	18%
						+++					
10,000 to 99,999	33%	0%	33%	29%	43%	25%	44%	35%	32%	35%	31%
							+				
100,000 to 1 million	29%	0%	29%	29%	29%	19%	31%	33%	24%	27%	31%
1 million plus	7%	0%	7%	12%	0%	6%	10%	9%	5%	6%	8%
				++							
DK/NR	8%	0%	8%	8%	4%	9%	0%	2%	15%	4%	13%
							--	--	++		
Chi^2:				-		(.05)		-		-	
Cramer's V:				0.24826		0.39184		0.24632		0.18845	
Gamma:				-0.26075		0.21803		0.04950		0.24822	
±...points around 50%:	11	*	11	14	19	17	16	14	15	14	16

What is the language you first learned in childhood and still understand?

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
CULT											
Unweighted n:	83	0	83	49	26	30	38	43	40	44	39
English	48%	0%	48%	49%	50%	43%	50%	49%	48%	59%	36%
										++	--
French	35%	0%	35%	35%	38%	50%	26%	28%	43%	23%	49%
						++				--	++
Other	17%	0%	17%	16%	12%	7%	24%	23%	10%	18%	15%
						-					
Chi^2:				-		(.10)		-		.05	
Cramer's V:				0.06694		0.28997		0.20327		0.27770	
Gamma:				-0.05469		0.05379		-0.09192		0.27469	
±...points around 50%:	11	*	11	14	19	18	16	15	15	15	16

Which of the following three statements best describes your current financial situation?

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
MEET											
Unweighted n:	86	0	86	50	28	31	39	46	40	47	39
enough for extras	44%	0%	44%	44%	39%	26%	56%	48%	40%	40%	49%
						---	++				
Little left over for extras	38%	0%	38%	42%	39%	45%	36%	30%	48%	38%	38%
Barely meet needs	16%	0%	16%	14%	21%	29%	8%	22%	10%	21%	10%
						++	--				
DK/NR	1%	0%	1%	0%	0%	0%	0%	0%	3%	0%	3%
Chi²:				-		.05		-		-	
Cramer's V:				0.09613		0.35321		0.23825		0.19069	
Gamma:				0.12994		-0.56049		0.02876		-0.17384	
±...points around 50%:	11	*	11	14	19	18	16	14	15	14	16

Approximately what was your total annual household income before deductions in the year ending December 31, 1995? Would it be....

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
HOU											
Unweighted n:	87	0	87	51	28	32	39	46	41	48	39
Less that $10,000	5%	0%	5%	6%	4%	13%	0%	7%	2%	6%	3%
						+++	-				
$10,000 to $14,999	16%	0%	16%	20%	14%	44%	0%	15%	17%	21%	10%
						++++	----				
$15,000 to $19,999	16%	0%	16%	18%	14%	44%	0%	9%	24%	19%	13%
						++++	----	--	++		
$20,000 to $29,999	11%	0%	11%	10%	11%	0%	26%	11%	12%	10%	13%
						--	++++				
$30,000 or more	33%	0%	33%	31%	36%	0%	74%	48%	17%	29%	38%
						----	++++	+++	---		
DK/NR	18%	0%	18%	16%	21%	0%	0%	11%	27%	15%	23%
								-	+		
Chi²:				-		(.01)		(.05)		-	
Cramer's V:				0.11574		1.00000		0.39153		0.21740	
Gamma:				0.16874		1.00000		-0.00641		0.29341	
±...points around 50%:	11	*	11	14	19	17	16	14	15	14	16

Does your organization deal primarily with seniors' issues?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
Q23A											
Unweighted n:	189	147	35	0	182	10	17	58	131	69	120
Yes	57%	52%	74%	0%	57%	80%	65%	60%	55%	59%	55%
		--	++								
No	42%	47%	23%	0%	43%	10%	35%	40%	44%	38%	45%
		++	---								
DK/NR	1%	1%	3%	0%	1%	10%	0%	0%	2%	3%	0%
										+	-
Chi^2:		(.05)				-		-		-	
Cramer's V:		0.20287				0.35814		0.08075		0.14878	
Gamma:		-0.41158				0.26316		0.12079		0.06187	
±...points around 50%:	7	8	17	*	7	31	24	13	9	12	9

What type of organization is this?

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
Q23B											
Unweighted n:	189	147	35	0	182	10	17	58	131	69	120
Direct service provider - health care	21%	22%	11%	0%	21%	10%	18%	19%	21%	16%	23%
Direct service provider - non-health care	7%	10%	0%	0%	8%	0%	0%	2%	10%	4%	9%
		++	-					--	++		
Research institute, university	7%	7%	6%	0%	7%	0%	6%	9%	6%	7%	7%
Government	8%	9%	3%	0%	8%	0%	0%	7%	9%	4%	11%
Community-based seniors organization	18%	12%	46%	0%	18%	70%	24%	21%	17%	22%	16%
		----	++++								
Other (specify)	38%	41%	29%	0%	38%	10%	47%	43%	35%	43%	34%
		+									
DK/NR	1%	0%	6%	0%	0%	10%	6%	0%	2%	3%	0%
		---	+++							+	-
Chi²:		(.01)				-		-		-	
Cramer's V:		0.42376				0.50598		0.18232		0.23083	
Gamma:		0.17969				0.20000		-0.12069		-0.23877	
±...points around 50%:	7	8	17	*	7	31	24	13	9	12	9

How large is your organization?

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
Q23											
Unweighted n:	189	147	35	0	182	10	17	58	131	69	120
Less than 10 people	17%	18%	14%	0%	18%	10%	12%	14%	18%	17%	17%
10 to 99 people	28%	29%	20%	0%	28%	20%	18%	24%	29%	32%	25%
100 or more people	54%	53%	57%	0%	54%	60%	65%	62%	50%	48%	58%
DK/NR	2%	0%	9%	0%	0%	10%	6%	0%	2%	3%	1%
		---	++++								
Chi²:		(.01)				-		-		-	
Cramer's V:		0.27463				0.08665		0.12969		0.11963	
Gamma:		0.27376				-0.05263		-0.14184		0.08724	
±...points around 50%:	7	8	17	*	7	31	24	13	9	12	9

What is your position in your organization?

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
POS											
Unweighted n:	189	147	35	0	182	10	17	58	131	69	120
Manager, director	41%	41%	34%	0%	41%	20%	29%	50%	37%	46%	38%
								+	-		
Member of board of directors	2%	2%	3%	0%	2%	0%	6%	3%	2%	1%	3%
Volunteer	5%	1%	26%	0%	4%	40%	24%	7%	5%	6%	5%
		----	++++								
Employed staff/member of your organization	25%	31%	0%	0%	26%	0%	0%	16%	30%	17%	30%
		++++	----					--	++	-	+
Nurse, social worker	4%	5%	0%	0%	4%	0%	0%	0%	6%	1%	6%
								-	+		
Other (specify)	21%	19%	31%	0%	21%	30%	35%	24%	20%	25%	19%
			+								
DK/NR	1%	0%	6%	0%	0%	10%	6%	0%	2%	3%	0%
		---	+++							+	-
Chi²:		(.01)				-		(.10)		-	
Cramer's V:		0.55458				0.24167		0.23974		0.22954	
Gamma:		0.09455				-0.12000		0.17921		0.04262	
±...points around 50%:	7	8	17	*	7	31	24	13	9	12	9

Approximately how long have you been with this organization?

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
Q24											
Unweighted n:	3	0	3	0	0	1	1	0	3	2	1
Months	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Years	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
DK/NR	100%	0%	100%	0%	0%	100%	100%	0%	100%	100%	100%
Chi^2:											
Cramer's V:											
Gamma:											
±...points around 50%:	57	*	57	*	*	98	98	*	57	69	98
Weighted n for mean:	300	206	87	96	182	32	39	110	190	123	177
Mean:	6.98	6.67	7.32	0.00	9.51	4.91	7.90	5.52	7.82	5.49	8.01
Std dev:	12.4	8.2	19.1	0.0	8.2	17.7	18.0	9.0	13.9	13.6	11.3
Student's t:	*	-	-	.01	.01	-	-	.10	.10	.10	.10

SEX

		Age		Contacted HC		HH Income		Gender		Source	
	Total	< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
SEX											
Unweighted n:	300	206	87	96	182	32	39	110	190	123	177
Male	37%	31%	53%	46%	31%	44%	69%	100%	0%	40%	34%
		---	++++	++	---		++++	++++	----		
Female	63%	69%	47%	54%	69%	56%	31%	0%	100%	60%	66%
		+++	----	--	+++		----	----	++++		
Chi²:		.01		.05		.05		.01		-	
Cramer's V:		0.21072		0.14925		0.25667		1.00000		0.05485	
Gamma:		-0.43609		0.31126		-0.48624		1.00000		0.11473	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7

Age of respondent

	Total	Age		Contacted HC		HH Income		Gender		Source	
		< 65	65 +	For myself	Behalf of Org.	< $20K	$20K +	Male	Female	Enquiry	Mailing list
AGE											
Unweighted n:	293	206	87	96	175	32	39	109	184	121	172
< 65	70%	100%	0%	47%	84%	0%	0%	58%	78%	60%	77%
		++++	----	----	++++			----	++++	---	+++
65 +	30%	0%	100%	53%	16%	100%	100%	42%	22%	40%	23%
		----	++++	++++	----	++++	++++	++++	----	+++	---
99	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chi²:		.01		.01				.01		.01	
Cramer's V:		1.00000		0.39071				0.21072		0.18314	
Gamma:		1.00000		-0.71223				-0.43609		-0.38317	
±...points around 50%:	6	7	11	10	7	17	16	9	7	9	7
Weighted n for mean:	293	206	87	96	175	32	39	109	184	121	172
Mean:	54.1	46.4	72.2	61.4	49.7	72.1	72.3	59.3	51.0	56.2	52.6
Std dev:	14.8	10.2	4.6	14.6	13.3	4.8	4.5	14.0	14.4	16.1	13.6
Student's t:	*	.01	.01	.01	.01	.01	.01	.01	.01	.05	.05